

## Council Communication

Department: Human Resources	Ordinance No. Resolution No. <u>08-28</u>	Date: <u>01/28/2008</u>
Case/Project No.		
Applicant.		
<b>Subject/Title</b>		
Approval of Wage & Benefit Changes for Fire Supervisors (Asst. Fire Chiefs, EMS Operations Officer)		
<b>Background/Discussion</b>		
<p>As the Council may recall, the Fire Administrative staff have been tied to the general non-union wage and benefit plan and because of this their wages and benefits have not kept pace with the employees they supervise (Fire Union). A few benefit changes were approved by the City Council last year to address departmental concerns; however, having these employees continue to be treated as general non-union employees will result in a continual erosion of wages and benefits and undo the progress that has been made.</p> <p>It is felt that the first step to maintaining fairness in pay is to put Fire Supervisors on their own pay scale with a 30% differential between the top Fire Captain and the newly hired Assistant Fire Chief. The pay plan would have 3 additional steps that the newly promoted Asst. Fire Chief would be eligible to move to in the next three year's service. All of the current Fire Administrative employees would be paid at the top step which would give them the same approximate wage increase that the Fire Captains will receive.</p> <p>The proposed benefit changes for this group of employees would be the same as those provided in the new Fire Union contract with respect to the insurance plan and employee contributions that benefit the City, the longevity plan, the Post Employment Health Plan (PEHP), and sick leave buy back. The effective date of these changes would coincide with the dates provided in the union contract.</p> <p>Approval of these wage and benefits changes will solve a long standing parity problem and should provide a way to continually attract the best employees to these critical positions.</p>		
<b>Recommendation</b>		
Approval of the wage and benefit changes described above is recommended. I have prepared a resolution that will effectuate these changes.		

Cindy Lynch, Director of Human Resources

Thomas P. Hanafan, Mayor

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RESOLUTION NO. 08-28

A RESOLUTION APPROVING CHANGES TO THE  
WAGES AND BENEFITS OF FIRE SUPERVISORY STAFF  
IN THE RANKS OF ASSISTANT FIRE CHIEF AND EMS OPERATION OFFICER  
FOR THE PERIOD OF JULY 1, 2008 THROUGH JUNE 30, 2011

WHEREAS, There are Supervisory employees of the City of Council Bluffs, Iowa Fire Department who do not bargain collectively with the City regarding wages and benefits; and

WHEREAS, it is in the best interests of the City of Council Bluffs to provide equitable treatment of all employees; and

WHEREAS, approval of the attached wage and benefit adjustments is considered to be consistent with the best interests of the City of Council Bluffs:

NOW, THEREFORE, BE IT RESOLVED

BY THE CITY COUNCIL

OF THE

CITY OF COUNCIL BLUFFS, IOWA:

That the wage and benefit changes described in the attached recommendation be adopted and approved in accordance with the indicated effective dates.

ADOPTED AND APPROVED January 28, 2008

\_\_\_\_\_  
Thomas P. Hanafan, Mayor

ATTEST:

\_\_\_\_\_  
Judith Ridgeley, City Clerk

**CITY OF COUNCIL BLUFFS  
INTER-OFFICE MEMO**

**DATE:** January 15, 2008  
**TO:** Honorable Thomas P. Hanafan, Mayor  
**FROM:** Linda Andersen, Acting Director of Finance  
**RE:** Cash Balance Statement – December 31, 2007

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Pursuant to the Code of Iowa, a monthly receipts and disbursements report shall be filed with the City Council. This report, which includes all City funds, shows the following activity from July 1, 2007 through December 31, 2007:

July 1, 2007 Beginning Cash Balance	\$ 33,982,429.93
Receipts to date	65,874,726.25
Expenditures to date	<u>(61,038,655.84)</u>
<u>December 31, 2007</u> Ending Cash Balance	\$ 38,818,500.34

All detail relative to the above figures is available in the Finance Office. City Council action should be to receive and file this report.

Please note that the report presents the prior fiscal year's balance for comparison purposes.

CITY OF COUNCIL BLUFFS  
FUND BALANCES  
WITH COMPARISON TO PRIOR YEAR  
DECEMBER 31, 2007

	FUND BALANCE JULY 1, 2007	YEAR-TO-DATE REVENUES	YEAR-TO DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE DEC 31, 2006
<u>GENERAL FUND ( A )</u>					
001 GENERAL FUND	2,909,499.94	18,914,637.80	18,222,789.56	3,601,348.18	2,519,151.48
002 GENERAL-GAMING	2,417,782.31	2,216,383.24	2,508,156.09	2,126,009.46	3,125,369.63
003 GENERAL-HOTEL/MOTEL TAX	570,131.11	1,519,822.78	1,543,883.48	546,070.41	396,793.34
004 GENERAL-TORT & LIABILITY	1,188,249.11	683,695.93	241,260.56	1,630,684.48	1,528,233.17
TOTAL-GENERAL FUNDS	7,085,662.47	23,334,539.75	22,516,089.69	7,904,112.53	7,569,547.62
<u>EMERGENCY LEVY FUND ( B )</u>					
119 EMERGENCY LEVY	-	561,926.87	561,926.87	-	-
TOTAL-EMERGENCY LEVY FUND	-	561,926.87	561,926.87	-	-
<u>ROAD USE TAX ( C )</u>					
110 ROAD USE TAX	1,929,798.10	2,815,651.81	2,318,552.61	2,426,897.30	1,419,800.14
TOTAL-ROAD USE TAX FUND	1,929,798.10	2,815,651.81	2,318,552.61	2,426,897.30	1,419,800.14
<u>EMPLOYEE BENEFIT FUNDS ( D )</u>					
112 FICA & IPERS TAX LEVY	392,064.13	591,473.19	593,807.68	389,729.64	394,051.26
113 CITY INSURANCE - TAX LEVY	658,064.01	2,065,411.67	2,022,944.92	700,530.76	805,574.60
114 UNEMPLOYMENT - TAX LEVY	(5,543.47)	9,037.02	1,071.68	2,421.87	(6,147.75)
115 WORK COMP - TAX LEVY	27,496.22	236,770.00	249,306.00	14,960.22	54,909.16
117 FIRE/POLICE -410 BENEFITS	764,558.33	1,555,723.54	1,474,725.92	845,555.95	707,158.17
TOTAL-EMPLOYEE BENEFIT FUNDS	1,836,639.22	4,458,415.42	4,341,856.20	1,953,198.44	1,955,545.44
<u>TAX INCREMENT FINANCING ( F )</u>					
127 MACC 01-1 TIF	23,079.11	1,624,061.42	-	1,647,140.53	144,293.98
128 S 24TH S OM RD UR	30,996.26	55,296.06	53,074.50	33,217.82	21,148.58
129 MANAWA BSNS PRK TIF	611.23	109,350.25	111,199.39	(1,237.91)	321,088.22
130 BENNETT AVE TIF	3,481.72	122,044.03	122,012.19	3,513.56	3,481.72
131 W BROADWAY TIF	82,448.44	147,250.02	159,447.14	70,251.32	271,277.44
132 DOWNTOWN TIF	262,928.12	31,048.61	12,000.00	281,976.73	284,637.30
133 E BROADWAY TIF	869.28	23,445.53	21,132.07	3,182.74	1,349.78
134 FEATHERSTONE TIF	-	34,615.73	34,615.73	-	-
135 METRO CROSSING TIF	-	-	-	-	-
TOTAL-TIF FUNDS	404,414.16	2,147,111.65	513,481.02	2,038,044.79	1,047,277.02
<u>CITY- LOCAL OPTION SALES TX ( G )</u>					
121 CITY SALES TAX	2,578,693.25	3,856,428.17	2,900,220.72	3,534,900.70	4,930,250.76
TOTAL-LOCAL OPTION SALES TAX	2,578,693.25	3,856,428.17	2,900,220.72	3,534,900.70	4,930,250.76

CITY OF COUNCIL BLUFFS  
FUND BALANCES  
WITH COMPARISON TO PRIOR YEAR  
DECEMBER 31, 2007

	FUND BALANCE JULY 1, 2007	YEAR-TO-DATE REVENUES	YEAR-TO-DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE DEC 31, 2006
<u>COMMUNITY DEVELOPMENT ( H )</u>					
145 CD-BLOCK GRANT	71,614.40	655,034.31	654,146.39	72,502.32	(155,660.97)
146 CD-HOME PROGRAM	138,700.00	7,000.00	40,000.00	105,700.00	69,700.00
147 CD-INSTALL LOAN ESCROW	22,196.01	33,871.74	29,642.27	26,425.48	(1,636.87)
TOTAL-COMMUNITY DEVELOPMENT	232,510.41	695,906.05	723,788.66	204,627.80	(87,597.84)
<u>SPECIAL DISTRICT FUNDS ( J )</u>					
162 LAKE MANAWA SSMID	43,415.52	46,312.88	80,607.91	9,120.49	3,336.84
163 MOSQUITO #22 DRAIN DIST	34,982.40	39,488.00	15,195.92	59,274.48	51,577.76
164 SIECK #32 DRAIN DIST	79,576.75	27,499.00	9,433.52	97,642.23	95,906.92
165 WEST LEWIS DRAIN DIST	195,879.34	38,217.00	1,875.98	232,220.36	209,000.63
TOTAL-SPECIAL DISTRICTS	353,854.01	151,516.88	107,113.33	398,257.56	359,822.15
<u>TRUST FUNDS - RESTRICTED ( K )</u>					
167 MISC PROJECTS	78,890.99	1,416,564.87	1,486,723.17	8,732.69	(141,863.46)
169 LIBR BLDG DONATION	25,586.24	515.11	-	26,101.35	24,897.54
170 LIBRARY GIFTS & MEM	215,250.44	122,868.83	87,566.78	250,552.49	192,774.61
171 DODGE SOLDIERS TR	123,904.33	2,491.84	-	126,396.17	120,959.96
172 4TH ST PRKG INVEST	51,963.00	-	-	51,963.00	51,963.00
177 FORFEITED ASSETS	38,374.96	5,027.03	2,931.46	40,470.53	37,940.55
178 FED FOREFEITED ASSET	-	-	-	-	-
179 POLICE CASH PROPRTY MGT	4,154.25	38,064.00	42,355.00	(136.75)	-
	538,124.21	1,585,531.68	1,619,576.41	504,079.48	286,672.20
<u>FIDUCIARY FUNDS ( L )</u>					
950 MUNICIPAL HOUSING	10,000.00	347,159.25	347,159.27	9,999.98	(5,306.20)
951 SECTION 8	10,000.00	-	-	10,000.00	(20,282.32)
952 EMPLOYEE SAVINGS BONDS	137.50	3,331.25	3,350.00	118.75	156.25
953 FIRE PENSION	2,569.37	5,422.21	6,034.20	1,957.38	2,332.85
954 RETIREES-411 BENEFITS	144,239.00	125,556.74	181,677.15	88,118.59	167,011.68
TOTAL-AGENCY FUNDS	166,945.87	481,469.45	538,220.62	110,194.70	143,912.26
<u>PERMANENT FUNDS ( M )</u>					
500 FAIRVIEW CEM PERP	59,104.73	-	-	59,104.73	59,104.73
TOTAL-PERMANENT FUNDS	59,104.73	-	-	59,104.73	59,104.73
<u>DEBT SERVICE ( N )</u>					
200 DEBT SERVICE	1,095,033.65	3,936,300.95	1,242,783.34	3,788,551.26	3,593,238.97
TOTAL-DEBT SERVICE	1,095,033.65	3,936,300.95	1,242,783.34	3,788,551.26	3,593,238.97

CITY OF COUNCIL BLUFFS  
FUND BALANCES  
WITH COMPARISON TO PRIOR YEAR  
DECEMBER 31, 2007

	FUND BALANCE JULY 1, 2007	YEAR-TO-DATE REVENUES	YEAR-TO-DATE EXPENDITURES	FUND BALANCE TO DATE	FUND BALANCE DEC 31, 2006
<u>SEWER RENTAL ( P )</u>					
610 SEWER RNTL-OPER & MAINT	1,084,656.11	4,452,538.93	2,474,177.13	3,063,017.91	812,466.34
611 SEWER RNTL-EXT & IMPRV	22,528.93	49,999.98	-	72,528.91	972,528.93
612 SEWER RNTL-DEPR/EQUIP	25,607.68	49,999.98	12,665.00	62,942.66	111,573.79
613 SEWER RNTL-D/S SNK FD	70,672.99	172,000.02	-	242,673.01	141,736.99
614 SEWER CAP PRJS-EXT	323,455.76	97,122.52	-	420,578.28	344,499.50
TOTAL-SEWER RENTAL	1,526,921.47	4,821,661.43	2,486,842.13	3,861,740.77	2,382,805.55
<u>REFUSE DISPOSAL ( R )</u>					
670 REFUSE DISPOSAL	1,043,366.22	1,832,056.65	1,873,948.81	1,001,474.06	976,205.32
TOTAL-REFUSE DISPOSAL	1,043,366.22	1,832,056.65	1,873,948.81	1,001,474.06	976,205.32
<u>INTERNAL SERVICE FUNDS ( X )</u>					
820 INT SERV-IGHCP INS	896,684.12	3,080,469.22	2,899,193.31	1,077,960.03	460,498.99
821 INT SERV-WK COMP SLF INS	481,907.95	198,260.60	459,803.36	220,365.19	535,456.72
822 INT SERV-HEALTH SELF INS	-	428.46	-	428.46	694,649.41
823 INT SERV-411 BEN (ACTIVE)	155,104.71	225,000.00	178,551.97	201,552.74	315,382.50
824 INT SERV-PR SINKING	531,008.68	42,959.97	-	573,968.65	489,950.50
825 INT SERV-ARENA CPIMPRV	43,749.92	92,975.41	31,006.68	105,718.65	208,918.47
826 INT SERV-EQUIP DEPR-PW	186,293.75	78,000.00	800.00	263,493.75	235,605.21
TOTAL-INTERNAL SERVICE FUND	2,294,749.13	3,718,093.66	3,569,355.32	2,443,487.47	2,940,461.80
<u>CAPITAL PROJECT FUNDS ( Z )</u>					
301 CAP PROJ-MISCELLANEOUS	389,230.93	4,798,473.94	5,745,631.60	(557,926.73)	290,855.07
302 CAP PROJ-AVE G VIADUCT	(501,177.54)	6,019,197.27	4,718,835.72	799,184.01	394,728.50
308 CAP PROJ-SPORTS COMPLX	800.00	-	800.00	-	800.00
309 CAP PROJ-RAILROAD CROSS	44,015.01	17,500.00	-	61,515.01	(5,984.99)
303 CAP PROJ-GO BOND 03-1	-	-	-	-	4,309.08
304 CAP PROJ-GO BOND 04-1	-	-	-	-	(553,096.68)
305 CAP PROJ-GO BOND 05-A	417,949.65	3,890.95	283,209.97	138,630.63	(90,885.01)
306 CAP PROJ-GO BOND 06	1,846,453.99	614,242.54	1,628,664.89	832,031.64	3,353,596.37
307 CAP PROJ-GO BOND 07-A	8,661,994.42	3,439.10	1,877,922.88	6,787,510.64	-
310 CAP PROJ-EAST BELTWAY	189,212.98	21,372.03	75,630.65	134,954.36	-
311 CAP PRJ-GO BND METRO XNG	1,577,923.37	-	1,183,994.18	393,929.19	-
312 - CAP PROJ-GO BOND 00-2	210,210.22	-	210,210.22	-	-
TOTAL-CAPITAL PROJECTS	12,836,613.03	11,478,115.83	15,724,900.11	8,589,828.75	3,394,322.34
TOTAL ALL FUNDS	33,982,429.93	65,874,726.25	61,038,655.84	38,818,500.34	30,971,368.46

**CITY OF COUNCIL BLUFFS  
INTER-OFFICE MEMO**

**DATE:** January 15, 2008  
**TO:** Honorable Thomas P. Hanafan, Mayor  
**FROM:** Linda Andersen, Acting Director of Finance  
**RE:** December 31, 2007 List of Bills

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The listing of disbursements to Vendors, net payroll and expenditure transfers shows the following information for the month of December 31, 2007:

Disbursements to Vendor	\$ 6,378,649.95
Net Payroll	1,302,074.91
Expenditure Transfers	2,643,523.49
Void Checks –Prior Period	<u>(159.24)</u>
	\$ 10,324,089.11

The payroll figure above is net payroll. The payroll deduction checks are included on the list and in the vendor disbursements total.

All detail relative to the above is on file in the Finance Office.

This is routine information to be received and filed by the City Council.

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## CITY OF COUNCIL BLUFFS

## PAYMENTS TO VENDORS - DECEMBER 31, 2007

<u>VENDOR:</u>	<u>REASON:</u>	<u>AMOUNT:</u>			
3M TRAFFIC CONTROL	SUPPLIES	2,701.50	BENNINGTON EQUIP	SUPPLIES	291.59
42U	HRD/SOFTWR	1,878.54	BIBLIOGRAPHICAL CNTR	SUBSCRPTN	1,060.31
A & D TECHNICAL	SUPPLIES	43.68	BILL KEENAN'S GLASS	REPAIRS	306.35
A T & T MOBILITY	INTERNET	34.54	BILL'S SEWER & DRAIN	CONTRACT	282.50
A-TEC RECYCLING	FEES	444.85	BILL'S WATER COND	SUPPLIES	41.75
ABLE LOCKSMITHS	CONTRACT	426.50	BLUE R D CONSTR	CONSTRUCT	371,132.93
ABSTRACT PAINTING	CONTRACT	60.00	BLUFFS ELECTRIC	REPAIRS	2,388.32
ACCESS IT	ADVERTISMT	357.33	BNSF RAILWAY	CONSTRUCT	6,334.73
ADPI MEDIBANC	CONTRACT	5,848.88	BOMGAARS	SUPPLIES	26.99
AFSCME IOWA COUNCIL	EMPE CNTRB	2,190.00	BOND JULIE & STAN OL	CLAIMS-LAW	467.99
AHERN CARMEN	REFUND	50.00	BOWEN DEBRA	REFUND	50.00
AHOVISSI CHARLES	CONTRACT	1,000.00	BRICK GENTRY BOWERS	PRF SRVS	468.00
AIRGAS NORTH CENTRAL	GAS	212.54	BRIDGE TIMOTHY RAY	CONTRACT	300.00
ALAMAR UNIFORMS	UNIFORMS	101.93	BROWN TRAFFIC	SUPPLIES	241.89
ALEGENT HEALTH	MEDICAL	232.42	BTS LABORATORIES	CONTRACT	225.81
ALL PURPOSE UTIL	CONSTRUCT	21,280.00	BUFFALO MOON RECORDS	CONTRACT	5,000.00
ALLEN CAROLYN	REFUND	89.94	BURNS LAW FIRM	PRF SRVS	12,243.79
ALLIED ELECTRONICS	SUPPLIES	223.39	BURREL ROSA	PRF SRVS	270.00
ALLOY SPECIALTY	CONSULTANT	3,345.00	C & J INDUSTRIAL	CONTRACT	313.51
ALLTEL	CELL PHONE	3,281.33	CAMIROS LTD	PRF SRVS	2,030.00
AMERICAN AMBULANCE	CONTRACT	11,301.62	CAMPBELL CRAIG	REFUND	50.00
AMERICAN CLASSIFIEDS	ADVERTISMT	130.00	CANADAY NORMAN	RIGHTOFWAY	2,050.00
AMERICAN EXPRESS	SUPPLIES	538.21	CANDLEWOOD SUITES	TRAVEL	2,772.80
AMERICAN MESSAGING	TELEPHONE	290.15	CARLSON RANDALL D	TRAVEL	66.45
AMERICAN PLANNING	DUES/MBRSH	313.00	CARPENTER WILLIAM	TRAVEL	19.40
ANAYA JOSUE	PRF SRVS	180.00	CARPET PAD RECOVERY	CONTRACT	3,600.80
ANDERSEN TRENCHING	CONTRACT	297.00	CARROLL DISTRIBUTING	EQUIP/PARTS	38.00
ANDERSON EXCAVATING	CONTRACT	39,420.44	CARROLL RICHARD	REFUND	50.00
APWA	DUES/MBRSH	1,100.00	CATHOLIC CHARITIES	REIMBURSE	1,039.90
AQUILA INC	GAS	28,306.23	CB LANDSCAPE TRUST	CONTRACT	41,837.47
ASPEN EQUIPMENT CO	EQUIP/PARTS	202.00	CB PRF FIRE FIGHTERS	EMPE CNTRB	5,244.00
AUTO GLASS CENTER	REPAIRS	222.06	CDWG	SUPPLIES	5,856.00
AUTO VALUE-CO BLUFFS	SUPPLIES	401.58	CENTRAL STATES WIRE	SUPPLIES	2,118.00
AVAYA FINANCIAL SERV	TELEPHONE	1,395.00	CERTIFIED TRANS	REPAIRS	1,677.00
AVAYA INC	TELEPHONE	1,743.69	CHAMPLIN TIRE	CONTRACT	1,368.00
AVESIS INC	INSURANCE	102.66	CHANEY MELISSA	REFUND	50.00
BACKSTAGE LIBRARY WK	SUBSCRPTN	500.00	CHILDS AMY	REFUND	50.00
BAILEY PAM	REFUND	100.00	CIT TECHNOLOGY	EQUIP/PARTS	507.00
BAKER & TAYLOR	SUPPLIES	1,574.39	CITY TREASURER	REIMBURSE	23,718.10
BANKERS TRUST CO	BANK SERV	1,242,783.34	CITY TREASURER/BONDS	EMPE CNTRB	512.50
BARKER LEMAR & ASSOC	PRF SRVS	4,050.00	CITY TREASURER/GARN	EMPE CNTRB	64.00
BARNES DISTRIBUTION	SUPPLIES	281.91	CITY TREASURER/INS	INSURANCE	432,404.47
BARONE SECURITY	CONTRACT	720.00	CITY TREASURER/LIFE	INSURANCE	12,557.28
BBC AUDIOBOOKS AMER	SUPPLIES	142.38	CLAREY'S SAFETY	SUPPLIES	1,959.44
BCDM	PRF SRVS	659.20	CLASSIC CHEVROLET	EQUIP/PARTS	292.96
			CLAY'S PUMP	EQUIP/PARTS	20.40
			CLEAR CHANNEL MGMT	CONTRACT	882.00
			CLERK OF COURT	COURT COST	919.00



CLERK OF DISTR COURT	EMPE CNTRB	156.78	EAGLE ENGRAVING	SUPPLIES	15.80
COHOE BUSINESS	CONTRACT	62.00	EBS CO SUBSCRIPTION	SUBSCRPTN	2,766.45
COHRON READY MIX	SUPPLIES	6,890.87	ECHO ELECTRIC	SUPPLIES	635.30
COLLECTION SERVICES	EMPE CNTRB	8,631.88	EDM EQUIPMENT	SUPPLIES	1,753.51
COMM WORKERS OF AM	EMPE CNTRB	1,101.40	ELVIN SAFETY SUPPLY	SUPPLIES	194.56
COMMUNITY HOUSING	PRF SRVS	20,000.00	EMPLOYEE BENEFIT SYS	INSURANCE	478,458.85
COMPCHOICE INC	MEDICAL	276.00	ETHERINGTON DIANE	REFUND	20.00
COOKE J P COMPANY	SUPPLIES	126.91	FAMILY HOUSING ADV	REIMBURSE	5,872.75
COPYCAT INSTANT PRNT	PRINT/BIND	2,440.51	FBINAA-IOWA CHAPTER	DUES/MBRSH	85.00
CORNHUSKER TRUCKS	EQUI/PARTS	1,133.49	FEDERAL RESERVE BANK	BANK SRVS	550.00
CORPORATE EXPRESS	SUPPLIES	151.98	FELD EQUIPMENT CO	EQUI/PARTS	5,632.00
COUNCIL BLUFFS CHMBR	CONTRACT	170,613.50	FERGUSON TANYA	TRAVEL	32.01
COUNCIL BLUFFS COLLI	REPAIRS	1,962.35	FIRST AMERICAN TITLE	PRF SRVS	620.00
COUNCIL BLUFFS ONLINE	CONTRACT	450.00	FIRST NATIONAL BANK	SUPPLIES	27,118.20
COUNCIL BLUFFS PHOTO	CONTRACT	65.00	FISHER PATTERSON	PRF SRVS	140.50
COUNCIL BLUFFS VET	REFUND	432.11	FITZSIMMONS MICHAEL	CONTRACT	900.00
COUNCIL BLUFFS WATER	WATER	71,463.08	FLEETPRIDE	EQUI/PARTS	203.06
COX COMMUNICATIONS	INTERNET	2,728.87	FLOHR ELECTRIC	REPAIRS	491.83
CRAMER & ASSOCIATES	PRF SRVS	149,128.65	FOURTH STREET PARKNG	CONTRACT	402.81
CRAWFORD CAROL	REFUND	50.00	FOX ENGINEERING	ENGINEERNG	7,619.89
CREDIT CARD CHARGES	SUPPLIES	1,327.05	FRAHM JULIE	REFUND	7.02
CREEKRIDGE CAPITAL	LEASE	1,575.00	FUND WAYS INC	RENTAL EXP	672.66
CROSBY RENEE	CONTRACT	500.00	G & K SERVICES	UNIFORMS	401.84
CSC CREDIT SERVICES	LEASE	50.11	GARCIA MARIA	REFUND	75.00
CSI/SSP INC	PRINT/BIND	1,522.08	GAS MART USA INC	CONTRACT	156.00
CUSTOM AUTO REBUILD	REPAIRS	1,084.40	GAYLORD BROTHERS INC	SUPPLIES	1,034.56
CUT-RATE BATTERIES	SUPPLIES	50.00	GE CAPITAL	LEASE	53,407.53
D & D CONSTRUCTION	CONSTRUCT	24,040.25	GENERAL DODGE HOUSE	CONTRACT	17,500.00
DAILY NONPAREIL	ADVERTISMT	2,239.33	GENERAL FIRE & SAFTY	EQUI/PARTS	343.00
DALE THOMAS CONST	CONSTRUCT	4,800.00	GENERAL PARTS LLC	REPAIRS	448.90
DATATRONICS INC	CONTRACT	3,937.00	GENIE PEST CONTROL	CONTRACT	175.00
DBSP INC	HRD/SOFTWR	1,000.00	GETTARPS.COM	SUPPLIES	261.25
DEFFENBAUGH INDUS	CONTRACT	143,259.68	GLENN ROSS B	RIGHTOFWAY	2,140.00
DELL MARKETING L P	HRD/SOFTWR	2,937.10	GOODWATER LORETTA	TRAVEL	10.67
DEMCO INC	SUPPLIES	2,682.32	GORILLA WASH	CONTRACT	250.00
DENNIS SUPPLY	SUPPLIES	664.59	GRAINGER	EQUI/PARTS	652.61
DES MOINES REGISTER	SUBSCRPTN	187.20	GURNEY	EQUI/PARTS	774.78
DEVORE CAMILLE	CONTRACT	1,000.00	HAAR MARK	CONTRACT	1,500.00
DEX MEDIA EAST	ADVERTISMT	663.50	HABEAS CORPUS	CONTRACT	700.00
DIAMOND VOGEL PAINT	SUPPLIES	10.80	HAMMERMEISTER LYNN	REIMBURSE	300.00
DICK DEAN SERVICE	REPAIRS	95.45	HAMPTON INN	TRAVEL	360.48
DL & A WEIGHT EQUIP	REPAIRS	500.00	HANUSA COMPANY	SUPPLIES	1,162.47
DODGE PARK PRO SHOP	REFUND	9,494.32	HDR ENGINEERING	PRF SRVS	1,940.00
DON SHAFER DISPLAY	SUPPLIES	2,311.20	HEALTHCARE MGMT	CONTRACT	3.25
DON'S UNIFORM	UNIFORMS	640.91	HEARTLAND AG BUSINES	SUPPLIES	45.00
DONE RIGHT CONSTRUC	CONSTRUCT	3,209.00	HEARTLAND TIRES	SUPPLIES	3,902.08
DOSTALS CONSTRUCTION	CONSTRUCT	55,980.00	HEIMES CORPORATION	SUPPLIES	105.75
DRAKE UNIVERSITY LAW	TRAINING	260.00	HELGET SAFETY SUPPLY	SUPPLIES	179.20
DYNA-KLEEN SERVICES	CONTRACT	275.00	HERNANDEZ J RAMON	CONTRACT	1,000.00

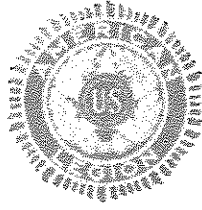
HERTZ EQUIPMENT RNTL	RENTAL EXP	430.93	JUSTRITE JANITORIAL	CONTRACT	7,253.00
HGM ASSOCIATES INC	PRF SRVS	200,102.49	KDG BROTHERS	CONTRACT	9,017.94
HIGHSMITH CO INC	SUPPLIES	56.90	KELLY'S CARPET	SUPPLIES	506.49
HOLT WOODWORKING INC	REPAIRS	4,164.00	KENNEDY LESLIE	CONTRACT	12.00
HOPP RONALD	TRAVEL	132.89	KONICA MINOLTA	LEASE	2,799.62
HOPPE MICHAEL	CONTRACT	180.00	KRAFT MANDA	PRF SRVS	106.25
HOSE & HANDLING INC	EQUIP/PARTS	445.75	KUSI TAKI	CONTRACT	1,200.00
HOWARD R GREEN CO	CONSULTANT	14,452.49	KUSTOM SIGNALS INC	SUPPLIES	376.98
HUSKER CHEM SALES	SUPPLIES	7,041.75	L T J CONSTRUCTION	CONSTRUCT	6,220.64
HY VEE FOOD	SUPPLIES	139.80	LAKESIDE COUNTRY STR	SUPPLIES	120.00
HYDE DAVID	REIMBURSE	37.86	LARSON ROBERT JR	REFUND	50.00
ICMA RETIREMENT TR	EMPE CNTRB	14,842.44	LAWSON PRODUCTS	SUPPLIES	712.62
IMAGISTICS INTL	LEASE	1,244.52	LEAGUE OF HUMAN DIGN	REIMBURSE	21,302.38
INDOFF INCORPORATED	SUPPLIES	1,631.57	LEARNINGEXPRESS	CONTRACT	2,200.00
INDUSTRIAL ELECTRIC	REPAIRS	1,007.53	LEAZENBY CONSTR	CONSTRUCT	130,020.03
ING	EMPE CNTRB	4,490.00	LEXISNEXIS	SUBSCRPTN	1,454.91
INNOVATIVE ACCESS	TRAINING	3,256.24	LIBERTY BANK	SUPPLIES	4,311.10
INTEGRATED BUSINESS	HRD/STWTR	2,403.00	LICENSE BUREAU	FEES	130.00
INTEGRATED SOLUTIONS	PRF SRVS	807.50	LINWELD	SUPPLIES	552.93
INTERNAL MEDICINE	MEDICAL	1,300.00	LITERARY VENTURES	SUPPLIES	26.00
INTERNAL REVENUE SRV	EMPE CNTRB	2,128.11	LOGAN CONTRACTORS	SUPPLIES	-
INTERNATIONAL CODE	SUPPLIES	93.50	LOVELAND LAWNS	SUPPLIES	600.00
INTERSTATE POWER SYS	EQUIP/PARTS	281.46	LSNB AS TRUSTEE	EMPE CNTRB	2,350.00
INTL ASSOC ELECTRICA	DUES/MBRSH	90.00	M & M LAWN SERVICES	CONTRACT	495.29
IOWA ASSOC BLDG OFF	DUES/MBRSH	575.00	M & R WELDING	REPAIRS	842.00
IOWA DEFENSE COUNSEL	DUES/MBRSH	200.00	M F T CONSTRUCTION	CONSTRUCT	293,334.28
IOWA DEPT NAT RESRC	CONTRACT	2,625.00	MAASKE JAMES	TRAVEL	46.00
IOWA DEPT OF TRANSP	CONTRACT	2,850.74	MADISON AVENUE SELF	RENTAL EXP	75.00
IOWA DEPT PUB HEALTH	TRAINING	90.00	MAINELLI MECHANICAL	CONSTRUCT	84,533.12
IOWA DODGEBALL ASSOC	FEES	210.00	MANAWA RUGS	CONTRACT	89.20
IOWA ENVIRONMENTAL	DUES/MBRSH	100.00	MANHART LYNN	TRAVEL	38.00
IOWA LAW ENFORCEMENT	TRAINING	200.00	MARCANTONIO ROCCO	REIMBURSE	300.00
IOWA ONE CALL	CONTRACT	803.60	MARCHESE RENEE	CONTRACT	156.25
IOWA POETRY ASSOC	SUPPLIES	9.00	MASON MATT	CONTRACT	400.00
IOWA POLICE EXEC	DUES/MBRSH	45.00	MASS NORMA	REFUND	20.00
IOWA STATE ASSOC COS	DUES/MBRSH	25.00	MAX I WALKER UNIFORM	UNIFORMS	1,476.61
IOWA STATE BAR	HRD/STWTR	283.43	MCCULLOUGH'S TREE	CONTRACT	29,175.00
IOWA STATE UNIVERSTY	TRAVEL	1,308.20	MCFADDEN PATRICK	TRAVEL	16.49
IOWA WASTE SYSTEMS	CONTRACT	45,032.76	MCGRAW KENDRA	REFUND	50.00
IOWA WESTERN COM COL	TRAINING	26,276.00	MCI WORLDCOM	TELEPHONE	306.78
IPERS	RETIREMENT	93,740.31	MCMULLEN FORD	EQUIP/PARTS	25,530.68
IRON MOUNTAIN	CONTRACT	143.59	MELLEN & ASSOC INC	EQUIP/PARTS	190.04
JAS PACIFIC INC	PRF SRVS	17,916.00	MEMBER SELECT INS	INSURANCE	652.00
JAY B & SON GARAGE	CONTRACT	6,035.00	MENARDS	SUPPLIES	487.81
JENNIE EDMUNDSON	MEDICAL	28.57	MERKERT JILL	REFUND	50.00
JIM HAWK TRUCK TRLR	EQUIP/PARTS	54.00	METRO AREA TRANSIT	CONTRACT	53,837.00
JOHN DAY COMPANY	SUPPLIES	329.40	METRO SERVICES	CONTRACT	615.48
JOHNSON CHUCK	REFUND	20.00	METROPOLITAN STRING	CONTRACT	1,600.00
JONES DENNIS	FEES	234.00	MFPRSI	RETIREMENT	327,598.84

MICHAEL TODD AND CO	EQUIP/PARTS	9,161.14	PEOPLES NATL BANK	REIMBURSE	235,822.84
MICROBILT	LEASE	44.95	PERKINSON ROSE	REFUND	50.00
MID AMERICA MAINT	SUPPLIES	352.00	PETERSON LAWN CARE	CONTRACT	1,156.50
MID-AMERICA CLEANING	EQUIP/PARTS	295.20	PIPING RESOURCES	SUPPLIES	55.64
MIDAMERICAN ENERGY	ELECTRICTY	92,768.09	PIZANO JUAN M	PRF SRVS	60.00
MIDSTATES BANK NA	BANK SERVCS	8,239.35	PLACE TRISH	CONTRACT	500.00
MIDWEST LABORATORIES	CONTRACT	1,282.20	POLICE BENV ASSOC	EMPE CNTRB	170.00
MIDWEST RIGHT OF WAY	PRF SRVS	1,430.00	PORTER TAUKE & EBKE	PRF SRVS	48,753.00
MIDWESTERN EQUIP	EQUIP/PARTS	130.00	POTTCO AUDITOR	CONTRACT	37,146.14
MILLS COUNTY SHERIFF	REIMBURSE	2,312.85	POTTCO RECORDER	FEES	276.50
MINITEX LIB	SUPPLIES	1,855.00	POTTCO SHERIFF	CONTRACT	153,245.00
MK CONTRACTORS INC	CONSTRUCT	105.54	POWER PROTECTION	SUPPLIES	1,090.00
MOBILE COMMUNICATION	EQUIP/PARTS	48.00	PRAIRIE CONSTRUCTION	CONSTRUCT	59,000.00
MONAHAN JARED	REFUND	20.00	PRECISION INDUSTRIES	EQUIP/PARTS	211.70
MOORE'S SERVICE INC	REPAIRS	87.50	PROFESSIONAL DEVELOP	DUES/MBRSH	260.00
MUNICIPAL HOUSING	INSURANCE	2,615.28	PRUITT INCORPORATED	REPAIRS	110.00
MUNICIPAL PIPE TOOL	EQUIP/PARTS	465.96	QUALITY POLYGRAPH	TRAINING	5,000.00
MURPHY TRACTOR	SUPPLIES	6,889.00	QWEST	TELEPHONE	14,103.87
MUTUAL OF OMAHA	REFUND	98.38	RACOM CORPORATION	REPAIRS	1,527.80
NANCO INC	CONSTRUCT	625.00	RANDOM HOUSE INC	SUPPLIES	1,425.60
NAPA AUTO PARTS	SUPPLIES	5,320.06	RASMUSSEN MECHANICAL	REPAIRS	899.11
NATIONAL ENVIRONMENT	DUES/MBRSH	582.00	READY MIXED CONCRETE	SUPPLIES	439.00
NATIONWIDE RETIREMNT	EMPE CNTRB	57,346.53	RECORDED BOOKS INC	SUPPLIES	454.92
NEBRASKA AIR FILTER	SUPPLIES	1,983.80	REGENT BOOK CO	SUPPLIES	13.03
NEBRASKA METHODIST	MEDICAL	550.00	RIVER CITY PAINTING	CONTRACT	1,980.00
NEBRASKA SALT/GRAIN	SUPPLIES	68,070.47	RIVERSIDE AUTO WASH	CONTRACT	106.50
NEGUS-SONS INC	CONSTRUCT	52,410.64	ROE DENNIS	REFUND	50.00
NEW MASONIC TEMPLE	CONTRACT	250.00	ROJAM MACHINE	REPAIRS	465.00
NEXTEL PARTNERS	CELL PHONE	1,551.22	ROSTERMUNDT KENNETH	CONSTRUCT	7,766.00
NOTHWEHR NICK	REFUND	50.00	ROTO ROOTER	REPAIRS	150.00
NUGENT ELECTRIC	CONSTRUCT	750.00	SALEM BAPTIST CHURCH	CONTRACT	500.00
O'KEEFE ELEVATOR	CONTRACT	348.63	SANDAU BROS SIGN CO	CONTRACT	348.00
O'REILLY AUTO PARTS	SUPPLIES	882.47	SAPP BROS PETROLEUM	FUEL	48,929.72
OCHOA ALBERTO	PRF SRVS	210.00	SCHEMMER ASSOCIATES	CONSULTANT	64,908.38
OLSEN JENNIFER	REFUND	50.00	SCHIERBROCK KELLY	TRAVEL	203.22
OMAHA COMPOUND CO	SUPPLIES	1,219.64	SCHILDBERG CONSTRUC	CONSTRUCT	2,702.77
OMAHA DOOR & WINDOW	REPAIRS	1,916.88	SCHULTZ GREGORY	TRAVEL	55.00
OMAHA STANDARD TRUCK	EQUIP/PARTS	612.20	SCOCO SUPPLY INC	SUPPLIES	25.71
OMAHA SYMPHONIC CHOR	CONTRACT	1,000.00	SECRETARY OF STATE	FEES	30.00
OMAHA TRACTOR	EQUIP/PARTS	13,980.97	SEMIN JENNIFER	REFUND	50.00
OMAHA TRUCK CENTER	EQUIP/PARTS	84.52	SHERBONDY'S	CONTRACT	95.00
OPINION TRIBUNE	ADVERTISMT	13.54	SHOPNOTES	SUBSCRPTN	24.95
ORIENTAL TRADING	SUPPLIES	146.55	SIEMENS BLDG TECH	EQUIP/PARTS	100.25
PANGELINA ALDON P	TRAVEL	163.93	SILKNITTER ARTHUR	CONTRACT	1,650.00
PASKOWITZ RITA	CONTRACT	900.00	SILVERSTONE RISK SRV	INSURANCE	19,845.41
PATTERSON JEFF	REFUND	54.40	SIRCHIE FINGERPRINT	EQUIP/PARTS	19,400.00
PEHOVIACK KRISTIN	REFUND	50.00	SMITH WILLIAM/BETTY	REIMBURSE	380.35
PELKY KRISTINA	REFUND	100.00	SNYDER & ASSOCIATES	PRF SRVS	1,934.93
PELLA PRODUCTS	SUPPLIES	4,549.97	SOLLAZZO HEATING	CONSTRUCT	2,500.00

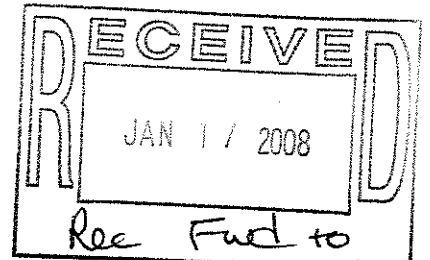
SORENSEN CHRISTOPHER	TRAVEL	166.05	WHITE JAKE	REFUND	50.00
SOUTHWEST IOWA LAW	DUES/MBRSH	180.00	WICK'S STERLING TRCK	EQUIP/PARTS	27.61
SPACE JESSICA	REFUND	50.00	WICKEN RENEE	REFUND	100.00
SPARTAN MOTORS INC	EQUIP/PARTS	920.36	WINNEBAGO TRANSPORT	INTERNET	90.90
ST LUKE'S MED CNTR	MEDICAL	180.00	WOELLHOF DAN	TRAVEL	49.47
STANDARD HEATING	REPAIRS	439.00	WOHLERSCAPE INC	CONSTRUCT	4,165.00
STANDARD INSURANCE	INSURANCE	5,376.12	WRIGHT WELDING SUP	SUPPLIES	153.34
STEEGE PAUL	CONTRACT	1,000.00	YAMAHA MOTOR CORP	LEASE	44,626.73
STOKES CONSTRUCTION	CONSTRUCT	3,317.00	YELLOW TRANSPORT	FRT/POSTGE	336.36
STRAWHECKER PAUL J	PRF SRVS	258.64	ZEP MANUFACTURING	SUPPLIES	771.77
STRUYK TURF MAINT	CONTRACT	237.00			
SUNSHINE VETERINARY	MEDICAL	598.90	DISBURSEMENTS TO VENDORS		6,378,649.95
SUPER SAVER	SUPPLIES	27.30	NET PAYROLL		1,302,074.91
SUSIE THORNE INC	CONTRACT	3,000.00	TRANSFERS		2,643,523.49
SWANSON RIC	CONTRACT	3,000.00	VOID CKS-PRIOR PERIOD		(159.24)
TARA INN & SUITES	TRAVEL	1,750.00			
TED'S MOWER SALES	EQUIP/PARTS	123.48	TOTAL		<u>10,324,089.11</u>
TEETERS BONNIE	REFUND	50.00			
THERMO KING	SUPPLIES	1,527.41			
THREE DIMENSIONAL	PRF SRVS	7,124.55			
TREAS STATE OF IOWA	SALES TAX	1,307.00			
TRI MUTUAL AID FIRE	DUES/MBRSH	150.00			
TRI-ANIM	MEDICAL	576.13			
TWAY MONICA	REFUND	50.00			
TWIN CITY REPORTERS	PRF SRVS	100.00			
U S ASPHALT	SUPPLIES	287.28			
U S DEPARTMENT OF ED	EMPE CNTRB	210.18			
UNITED CREDIT UNION	EMPE CNTRB	52,222.50			
UNITED PARCEL SERV	FRT/POSTGE	40.78			
UNITED STATES POSTAL	FRT/POSTGE	4,000.00			
UNITED TEACHERS	REFUND	100.88			
UNITED WAY MIDLANDS	EMPE CNTRB	220.00			
UNIVERSITY OF IOWA	PRF SRVS	123.00			
UPS STORE, THE	FRT/POSTGE	26.28			
UPTOWN STAFFING	CONTRACT	16,432.11			
US BANK	SUPPLIES	14.33			
V & V CONSTRUCTION	REPAIRS	10,050.00			
VERIZON WIRELESS	CELL PHONE	461.71			
VOICE & DATA SYSTEMS	TELEPHONE	398.00			
WADE RICHARD	TRAVEL	303.81			
WALGREEN'S	SUPPLIES	2.71			
WASTE CONNECTIONS	CONTRACT	2,588.65			
WASTE MANAGEMENT	CONTRACT	1,166.05			
WATER ENGINEERING	CONTRACT	225.00			
WEILAND TODD	REFUND	50.00			
WELLMARK/BLUE CROSS	INSURANCE	260.00			
WELLS JOAN	CONTRACT	554.00			
WERNER PAINT	SUPPLIES	990.87			
WESTERN IOWA TOURISM	CONTRACT	20.00			

COUNCIL BLUFFS  
CITY CLERK

2008 JAN 17 P 4: 33



American Legion Rainbow Post 2  
Adjutants Office  
716 4th Street  
Council Bluffs IA 51503



*Rec Fwd to  
City Clerk  
to be  
Added  
on  
Rec + file*

Hon. Tom Hanafan  
Mayor of Council Bluffs, Iowa

Mr. Mayor,

On behalf of the over 1450 members of American Legion Rainbow Post #2, Ladies Auxiliary and Sons of the Legion, we are requesting that consideration be given to the renaming of the road known as South Omaha Bridge Road to a name that will Honor past and present veterans who have served and sacrificed for their country.

We offer the names of Veterans Memorial Highway, Veterans Memorial Blvd. ,and Veterans Memorial Way.

We, as the largest veterans origination in America, support this name change and hope you can be very helpful for this name change to happen.

Thank you for your consideration of this ,we think, a very important matter.

Robert Green

Frank Hickey

Commander

Adjutant

9C

# STUART TINLEY LAW FIRM LLP

QWEST BUILDING

310 W. KANESVILLE BOULEVARD

SECOND FLOOR

P.O. BOX 398

COUNCIL BLUFFS, IOWA 51502-0398

TELEPHONE (712) 322-4033

FAX (712) 322-6243

E-MAIL: LAWOFFICE@STUARTTINLEY.COM

WILLIAM R. HUGHES, JR.\*

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KRISTOPHER K. MADSEN\*

RICK D. CROWL\*

ROBERT M. LIVINGSTON\*

RYAN M. SEWELL\*

\*ALSO ADMITTED IN NEBRASKA

JAMES E. THORN  
OF COUNSEL

ROBERT M. STUART  
(1914-1986)

JACK W. PETERS  
(1931-1993)

EMMET TINLEY  
(1916-2002)

January 15, 2008

JAN 18 2008

Mr. Mike Sciortino  
Assistant City Attorney  
209 Pearl Street  
Council Bluffs, Iowa 51503

RE: Estate of Mark Roberson, II v. City of Council Bluffs, et al

Dear Mike:

The purpose of this letter is to notify the City that we will be filing a claim concerning the untimely death of Mark Roberson, II on May 15, 2007, at the railroad crossing located near the 1200 block of South 17<sup>th</sup> Street in Council Bluffs. Our investigation and the numerous news reports detailing Mr. Roberson's fatal collision indicate there was a failure on behalf of the City to adequately light this intersection and to adequately maintain the lights in existence near the intersection. There is also information indicating that the City was on notice of the dangerous condition of this intersection, based on at least one other accident occurring at this location within a few months of the accident in this case. I have enclosed a copy of the police reports on this matter for your review, file and information.

If you require this to be formally filed with the City Clerk of Council Bluffs, please let me know; otherwise, I will operate on the belief that this is proper notice to the City under Iowa Code 670.5, et seq, as there may be a potential argument that the pre-2007 version may apply to this case. If you disagree with anything in this letter, or if you require additional information, please contact me at 322-4033.

9D

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

## NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: LORI FLEER DAY PHONE: (402) 669-7988

ADDRESS: 540 ARNOLD AVE DOB: 04/30/1958 SS#: [REDACTED]

DATE & TIME OF LOSS/ACCIDENT: 01/09/2008 1525 OR 3:25 PM

LOCATION OF LOSS/ACCIDENT: 540 ARNOLD AVE BASEMENT OF HOUSE

DESCRIPTION OF LOSS/ACCIDENT: RAW SEWAGE BACK UP IN THE BASEMENT, DESTROYED  
WALLS, CARPET, APPLIANCES, FURNACE, FURNITURE, CHRISTMAS THINGS, CLOTHES, LEGAL +  
MEDICAL BOOKS & PAPERS, PANELING, EXERCISE EQUIPMENT

SEE ATTACHED LIST OF MORE DETAILED ITEMS. (USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$26,164.74 ~~AT~~ # 27,286.90

WITNESS(ES) (Name(s), Address(es), Phone No(s.)) BOB & ELLEN LEAR 100 MIELKE WAY 322-4665/  
PATY HOLETON 527 ARNOLD AVE. 325-9337 / SARAH POWERS 527 ARNOLD AVE 325-9337  
DEB GILDERSLLEEVE 5105 N 116TH AVE C12, OMAHA 445-0587 / EILEEN BRIDGES 507 SO 36TH ST #3 OMAHA 402-440-278  
LAMAR + SHARON BAYSON 532 ARNOLD AVE 322-0852 / CARRIE SPENCER 1108 SURREY RD OMAHA 841-1386 /  
SUZY ADAMS 1108 SURREY RD OMAHA 841-1386 / DAVE BUSSE + TERI DENHAM 11617 N 126TH ST OMAHA 571-7108 /  
SERVICE MASTER P.O. BOX 24703 OMAHA 68120-0373  
WAS POLICE REPORT FILED YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? YES ☒ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

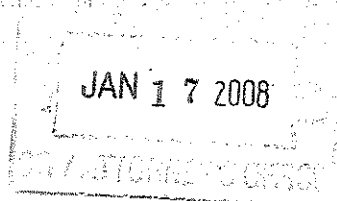
OTHER RELEVANT INFORMATION: COPIES OF ESTIMATES, INVOICES, PHOTOGRAPHS HAVE BEEN MADE

LIST INSURANCE PROVIDER AND COVERAGE: STATE FARM INSURANCE, THE LOSS WAS NOT  
COVERED UNDER MY HOMEOWNERS POLICY

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

17 JAN 2008  
DATE



Lori Fleer  
CLAIMANT'S SIGNATURE

0008 JAN 17 P 2:16  
COUNCIL BLUFFS  
CITY CLERK

**9 January 2008**

On Wednesday 9 January 2008, I was on my way home from work. Approximately 1520, my neighbor Ellen Lear 100 Mielke Way called me and asked if I had water in my basement. Ellen said they had approximately 6 inches of water in their basement. As soon as I got home which was approximately 1525 I entered my house and it smelled like sewer. I walked down the steps and there was approximately 20 inches of raw sewage in my basement. I called Ellen back and confirmed my horrid mess. I ran down the street to my neighbor Patty Holeton 527 Arnold Ave to see if she had water in her basement, but it was OK. I then went across the street to Lamar and Sharon Batson 532 Arnold Ave and their basement was fine too. From there I made a call to the City Sewer to report the sewage backup that was approximately 1550.

The City Sewer people came at 1645.

At 1705 we could here the water receding

At 1740 the water was down enough to walk in the basement

My neighbor Ellen called to see if my water was receding, and it was. Her Husband Bob talked to one of the workers and asked was that the problem that caused the backup. The City worker said yes that was the problem.

**10 January 2008**

City Sewer was at the corner of Bob & Ellen Lears at 0835

City Sewer was at my corner at 1000

**11 January 2008**

City Sewer was out at 0800

**14 January 2008**

I called to talk to the City Sewer Superintendent; I talked to the Forman Dan. I asked him if they found the problem, and was this going to happen again. He stated he didn't know, that it was just Monday. I said I'm just trying to find out what is going on. I also said I wasn't trying to be rude I just want some answers. He (Dan) said they couldn't find anything wrong, but on Tuesday the 15th they were coming out to dig up the street and use a camera to see further down in there. They didn't show up to work on the street.

**15 January 2008**

No work done on the sewer.

**16 January 2008**

Another day gone by still no work done on the sewer.



RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

### NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Robert L. Lear Sr & Ellen Lear DAY PHONE: 322-4665  
ADDRESS: 100 Mielke way DOB: 4-14-38 SS# [REDACTED]  
10-20-40  
DATE & TIME OF LOSS/ACCIDENT: Jan 9 - 12:45 P.M.  
LOCATION OF LOSS/ACCIDENT: 100 Mielke way  
DESCRIPTION OF LOSS/ACCIDENT: Flooded up to 6" of Sewage water  
in a full finished Basement-

TOTAL DAMAGES CLAIMED: \$ ~~8,660.13~~ 8,660.13 (USE BACK OF FORM, IF NECESSARY)

WITNESS(ES) (Name(s), Address(es), Phone No(s).) Lori Fleer - 2 water works men  
Cindy of Service Masters & Crew - from The Distribution  
Crew

WAS POLICE REPORT FILED \_\_\_\_ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:  
I have Emphysema & the Smell caused some distress in my Breathing  
and I did have to leave the house on 2 occasions during the ordeal.

HAVE YOU RESUMED NORMAL ACTIVITIES? \_\_\_\_ YES ☒ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: We lost virtually everything in our basement - many  
many thing of value - we have only lived here 1 1/2 years and 50%  
of everything was purchased new - Plus our Basement was just done  
and finished  
LIST INSURANCE PROVIDER AND COVERAGE: Farmers Ins - 5,000.00 water Damage  
claim

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

DATE 01/15/08

JAN 17 2008

Robert L. Lear Sr  
CLAIMANT'S SIGNATURE

Ellen Lear

See Back -

COUNCIL BLUFFS  
CITY CLERK  
JAN 17 2:11 PM

When the Sewer Employee finished Pumping the sewer he voluntarily came to our door and said "It's all Pumped out now" And I asked him if this was the problem in our basement and he said "Yes it was." My wife also heard this.

Also at first we called the water works to see if we had a broken pipe in our own yard.

When 1 of their employees went down to our basement with me and observed approx 5-6" of water and he immediately said this is not a broken pipe this is sewer, because he smelled it immediately.

He and his partner both walked up to Adrian Street and took the lid off the sewer and came back to our house and said "That's ~~the~~ the problem, the sewer is brim full."

As soon as the sewer was pumped <sup>out</sup> our water in the basement receded in 10 minutes. leaving the waste and many unpleasant things on the floor.

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

### NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Nancy Young DAY PHONE: 712-322-6781  
ADDRESS: 1177 Crescent Dr DOB: 6-4-46 SS#: [REDACTED]  
DATE & TIME OF LOSS/ACCIDENT: 5:30 PM Jan. 9, 2008  
LOCATION OF LOSS/ACCIDENT: Employee Parking of CB Library  
DESCRIPTION OF LOSS/ACCIDENT: Chunk of ice fell from roof of building  
and hit and bounced off the hood of car.

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ \_\_\_\_\_

WITNESS(ES) (Name(s), Address(es), Phone No(s)) Joan Kropp - Employee Youth Services  
Council Bluffs Library - 323-7553 x4

WAS POLICE REPORT FILED ☐ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: \_\_\_\_\_

JAN 16 2008

LIST INSURANCE PROVIDER AND COVERAGE: \_\_\_\_\_

COUNCIL BLUFFS  
CITY CLERK  
JAN 16 P 2:56

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

Jan 16, 2008  
DATE

Nancy Young  
CLAIMANT'S SIGNATURE

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

**NOTICE OF CLAIM/LOSS**

NAME OF CLAIMANT: Robert W. Hurley DAY PHONE: \_\_\_\_\_  
ADDRESS: 18101 Bent Tree Ridge DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE & TIME OF LOSS/ACCIDENT: January 7, 2008 at 10:01LOCATION OF LOSS/ACCIDENT: 2nd Avenue and 16th StreetDESCRIPTION OF LOSS/ACCIDENT: Please see Investigating Officers Report, Case #  
08-000831, attached.TOTAL DAMAGES CLAIMED: \$7,000.00 for property damage and loss of use only. (USE BACK OF FORM, IF NECESSARY)WITNESS(ES): (Name(s), Address(es), Phone No(s)) William and Bonnie Raines, 204 South 10th Street,  
Apt A, Council Bluffs, IA. 51501, (402) 706-1481.WAS POLICE REPORT FILED XX YES \_\_\_\_\_ NOIF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:  
Jessica Hurley's personal injury claim remains open.HAVE YOU RESUMED NORMAL ACTIVITIES? \_\_\_\_\_ YES XX NOIF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY  
OTHER RELEVANT INFORMATION: Please see Investigating Officers Report, Case #  
08-000831, attached.LIST INSURANCE PROVIDER AND COVERAGE: Economy Premeir Insurance

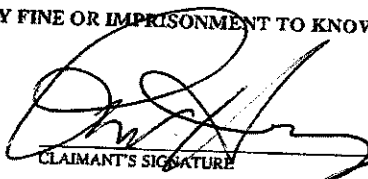
I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY  
CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRADULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A  
FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

DATE

1-15-08

CLAIMANT'S SIGNATURE



COUNCIL BLUFFS  
CITY CLERK  
2008 JAN 16 A 10:38

JAN 16 2008

Attention Julie

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Jeffrey Lynn Showers DAY PHONE: \_\_\_\_\_  
ADDRESS: 1226 N 20th St DOB: 02-03-1967 SS#: 482-94-5408

DATE & TIME OF LOSS/ACCIDENT: 01-03-08 14:31

LOCATION OF LOSS/ACCIDENT: Mill St. and 6th St.

DESCRIPTION OF LOSS/ACCIDENT: While driving on 6th St. which is a One Way Street there was a green 4 Door Car in the right lane sitting still. I then moved to the left lane to go around the car. As I approached the car started to move and turned left.

TOTAL DAMAGES CLAIMED: \$3,306.98 Per. Estimate from Tom's Auto Body

WITNESS(ES) (Name(s), Address(es), Phone No(s))

Council Bluffs Police

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

-N/A-

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY OTHER RELEVANT INFORMATION: \_\_\_\_\_

LIST INSURANCE PROVIDER AND COVERAGE: Liberty Insurance

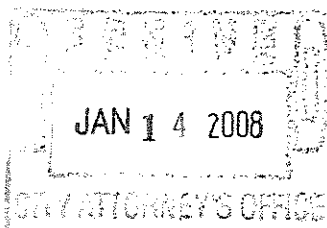
I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

1-14-2008  
DATE

Jeff Showers  
CLAIMANT'S SIGNATURE

in front of me and we hit.



COUNCIL BLUFFS  
CITY CLERK

Date: 1/3/2008 03:26 PM  
Estimate ID: 23688  
Estimate Version: 0  
Preliminary  
Profile ID: Mitchell

# TOM'S AUTO BODY, INC

1218 N. 18th ST, COUNCIL BLUFFS, IA 51601  
(712) 328-7224  
Fax: (712) 328-1813  
Tax ID: FEDERAL ID 421810062

Damage Assessed By: DOUG LANTRY

Deductible: 0.00  
Claim Number: 23688

Owner: JEFF SHOWER\$  
Address: 1226 NORTH 20TH STREET, COUNCIL BLUFFS, IA 51601  
Telephone: Work Phone: (712) 328-6284 Home Phone: (712) 326-1417

Mitchell Service: 918628

Description: 2003 Dodge Dakota SLT  
Body Style: 4D Pickup 8' Bed 131" WB  
VIN: 1D7HL48X338103828  
Mileage: 69,349  
Color: BLUE/SILVER  
Options: ALUM/ALLOY WHEELS, AUTOMATIC TRANSMISSION

Drive Train: 3.9L Inj 8 Cyl 2WD  
License: 811 NYX IA

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	606438	BDY	REMOVE/REPLACE	FRT BUMPER COVER	ORDER FROM DEALER	384.00	INC
2	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.3
3	AUTO	BDY	OVERHAUL	FRT FACEBAR & COVER ASSY			1.4
4	606018	BDY	REMOVE/REPLACE	FRT BUMPER FACE BAR	66266844AB	383.33	INC
5	604801	BDY	REMOVE/REPLACE	FRT LWR BUMPER COVER	New	406.00	INC #
6				SMOOTH BUMPER COVER (PAINTED)			
7	604848	BDY	REMOVE/REPLACE	R FRT OTR BUMPER BRACKET	66077274AC	39.76	INC
8	604866	BDY	REMOVE/REPLACE	R COMBINATION LAMP ASSEMBLY	66066110AH	216.00	INC
9	AUTO	BDY	CHECK/ADJUST	HEADLAMPS			0.4
10	606018	BDY	REMOVE/REPLACE	R FENDER PANEL	66266030AD	476.00	2.8 #
11	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.0
12	AUTO	REF	REFINISH	R FENDER EDGE & INSIDE			C 0.8
13	AUTO	REF	REFINISH	R ADD FOR FENDER APRON			0.5
14	606020	BDY	REMOVE/REPLACE	R FENDER LINER	66266848AE	66.60	INC #
15	604737	BDY	REMOVE/REPLACE	FENDER BOLT 12@4.00	34201631	60.00	
16	601321	REF	BLEND	R FRT DOOR OUTSIDE			C 1.0
17	601338	BDY	REMOVE/INSTALL	R FRT DOOR MIRROR			0.5 #
18	606182	BDY	REMOVE/INSTALL	R FRT OTR BELT MOULDING			0.3
19	604819	BDY	REMOVE/INSTALL	R FRT DOOR TRIM PANEL			INC
20	601426	BDY	REMOVE/INSTALL	R FRT DOOR HANDLE			0.2 #
21	900600	REF	REMOVE/REPLACE	TWO TONE PAINT	New		1.0"
22	900600	MCH	ADD'L LABOR OP	FRT END ALIGNMENT	Sublet	69.99	INC"
23	AUTO	REF	ADD'L OPR	CLEAR COAT			1.7"
24	933803	REF	ADD'L OPR	TINT COLOR			0.6"
25	933818	REF	ADD'L OPR	MASK FOR OVERSPRAY		3.00	0.2"
26	AUTO		ADD'L COST	PAINT/MATERIALS		294.00	

ESTIMATE RECALL NUMBER: 01/03/2008 16:26:07 23688

Mitchell Data Version: DEC\_07\_A  
UltraMate Version: 6.0.028

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Page 1 of 2

27 AUTO ADD'L COST HAZARDOUS WASTE DISPOSAL

\* - Judgment Item  
# - Labor Note Applies  
C - Included in Clear Cost Calc

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I. Labor Subtotals							II. Part Replacement Summary		
Body		5.4	48.00	0.00	0.00	260.20 T	Taxable Parts		2,008.68
Refinish		10.0	48.00	3.00	0.00	483.00 T	Sales Tax	@ 7.000%	140.61
Mechanical		0.0	67.00	0.00	69.00	69.00 T	Total Replacement Parts Amount		2,149.29
		Taxable Labor				902.19			
		Labor Tax		@ 7.000 %		63.16			
Labor Summary		15.4				858.34			
III. Additional Costs						Amount	IV. Adjustments		Amount
Taxable Costs						5.00	Insurance Deductible		0.00
Sales Tax				@ 7.000%		0.36	Customer Responsibility		0.00
Non-Taxable Costs						294.00			
Total Additional Costs						299.36			
							I. Total Labor:		858.34
							II. Total Replacement Parts:		2,149.29
							III. Total Additional Costs:		299.36
							Gross Total:		3,306.99
							IV. Total Adjustments:		0.00
							Net Total:		3,306.99

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

No Warranty on rust, rust repair, and rock chips.

SIGNATURE \_\_\_\_\_

MARS  
May 2003

MAIL REPORTS TO:  
Iowa Department of Transportation  
Office of Driver Services  
Park Fair Mall, 100 Euclid Avenue  
P.O. Box 8204  
Des Moines, Iowa 50308-8204



# Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: <b>08-0000335</b>	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
Location Literal Description: <b>MILL ST and N 6TH ST</b>	
X-Coordinate: <b>00261151</b>	
Y-Coordinate: <b>04571978</b>	
If Divided Highway, Provide Route (Cardinal) Travel Direction: <b>"N/A"</b>	

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Date of Accident: <b>01/03/08</b>	Time of Accident: <b>14:31</b> Hrs.	County: <b>Pottawattamie - 78</b>	Accident occurred within corporate limits of (city): <b>Council Bluffs - 1642</b>
If accident occurred outside of city limits show general vicinity: <b>"N/A"</b> of nearest city: <b>"N/A"</b>			
On Road, Street, or Highway: <b>"N/A"</b>		At Intersection with: <b>"N/A"</b>	
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.			
Distance: <b>"N/A"</b>	Direction: <b>"N/A"</b>	Distance: <b>"N/A"</b>	Direction: <b>"N/A"</b>
Milepost Number: <b>"N/A"</b> Or Definable Intersection, bridge, or railroad crossing: <b>"N/A"</b>			

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001

Driver's Name - Last: <b>SHOWERS</b>		First: <b>JEFFREY</b>		Middle: <b>LYNN</b>		Suffix:	Phone:
Address: <b>1226 N 20TH ST</b>		City: <b>COUNCIL BLUFFS</b>		State: <b>IA</b>		Zip: <b>51501</b>	
Date of Birth: <b>02/03/1967</b>	Driver's License Number: <b>092BB7989</b>		Citation Charge Code 1:		Citation Charge 1:		
Gender: <b>Male</b>	State: <b>IA</b>	Class: <b>C</b>	Endorsements: <b>NONE</b>	Restrictions: <b>NONE</b>	Citation Charge Code 2:		
Alcohol Test Given? <b>1 - None</b>		Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3:		
Seating Position:		Injury Status:	Occupant Protection:	Airbag Deployment:	Airbag Switch Status:	Ejection:	Ejection Path:
Transported to:		Transported by:					
Owner's Name - Last: <b>SHOWERS</b>		First: <b>JEFFREY</b>		Middle: <b>LYNN</b>		Suffix:	
Address: <b>1226 N 20TH ST</b>		City: <b>COUNCIL BLUFFS</b>		State: <b>IA</b>		Zip: <b>51501</b>	
Insurance Co. Name: <b>LIBERTY</b>		Insurance Policy #: <b>A02243160403607</b>		License Plate #: <b>811NYX</b>		State: <b>IA</b>	Year: <b>2008</b>
VIN No: <b>107HL48X338163826</b>	Year: <b>2003</b>	Make: <b>Dodge - DODG</b>	Model: <b>DAK</b>	Style: <b>PK</b>	Tow #:		
Initial Travel Direction:	Vehicle Action:	Speed Limit:	Point of Initial Impact:	Most Damaged Area: <b>01</b>	Extent of Damage:	Underdrive/Override:	Private? <input type="checkbox"/>
Total Occupants:	Traffic Controls:	Vehicle Config.:	Cargo Body Type:	Vehicle Defect:	Driver Condition:	Vision Obscured:	Approximate Cost to Repair or Replace: <b>\$3,000.00</b>
SEQUENCE OF EVENTS							
First Event:		Second Event:		Third Event:		Fourth Event:	
Commercial Trailer Attached to Power Unit:		State:		Year:		Attached to Trailer Unit:	
Carrier Name:		Address:		City:		State:	
US DOT #:		or MC #:		Number of Axles:		Gross Vehicle Weight Rating:	
Placard #:		Hazardous Materials Released?					

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002

Driver's Name - Last: <b>CHASE</b>		First: <b>GREGORY</b>		Middle: <b>JON</b>		Suffix:	Phone: <b>(712) 328-4716 x</b>
Address: <b>227 S. 6TH ST</b>		City: <b>COUNCIL BLUFFS</b>		State: <b>IA</b>		Zip: <b>51503</b>	
Date of Birth: <b>06/16/1973</b>	Driver's License Number: <b>716XX9419</b>		Citation Charge Code 1:		Citation Charge 1:		
Gender: <b>Male</b>	State: <b>IA</b>	Class: <b>C</b>	Endorsements: <b>NONE</b>	Restrictions: <b>NONE</b>	Citation Charge Code 2:		
Alcohol Test Given?		Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3:		
Seating Position:		Injury Status:	Occupant Protection:	Airbag Deployment:	Airbag Switch Status:	Ejection:	Ejection Path:
Transported to:		Transported by:					
Owner's Name - Last:		First:		Middle:		Suffix:	
Address: <b>209 PEARL STREET</b>		City: <b>COUNCIL BLUFFS</b>		State: <b>IA</b>		Zip: <b>51503</b>	
Insurance Co. Name: <b>GENESIS INS CO</b>		Insurance Policy #: <b>YXB300860</b>		License Plate #: <b>190RJY</b>		State: <b>IA</b>	Year: <b>2008</b>
VIN No: <b>2G4WS52J6Y1388321</b>	Year: <b>2000</b>	Make: <b>Buick - BUIC</b>	Model: <b>LESABRE</b>	Style: <b>4D</b>	Tow #:		
Initial Travel Direction:	Vehicle Action:	Speed Limit:	Point of Initial Impact:	Most Damaged Area: <b>07</b>	Extent of Damage:	Underdrive/Override:	Private? <input type="checkbox"/>
Total Occupants:	Traffic Controls:	Vehicle Config.:	Cargo Body Type:	Vehicle Defect:	Driver Condition:	Vision Obscured:	Approximate Cost to Repair or Replace: <b>\$2,500.00</b>
SEQUENCE OF EVENTS							
First Event:		Second Event:		Third Event:		Fourth Event:	
Commercial Trailer Attached to Power Unit:		State:		Year:		Attached to Trailer Unit:	
Carrier Name:		Address:		City:		State:	
US DOT #:		or MC #:		Number of Axles:		Gross Vehicle Weight Rating:	
Placard #:		Hazardous Materials Released?					



RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

### NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: John Avey DAY PHONE: 712-310-3946  
ADDRESS: 40 Crestwood Dr. DOB: 04118190 SS#: 455-17-2667  
DATE & TIME OF LOSS/ACCIDENT: 12/03/07 3:15 pm  
LOCATION OF LOSS/ACCIDENT: the corner of Morningside and elm street.  
DESCRIPTION OF LOSS/ACCIDENT: Slid from the street to (cause was on liquid  
corner hitting the curb and got a bent rim deicer)  
a chip above the tire, + scrape across side on the bumper

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ 535.46

WITNESS(ES) (Name(s), Address(es), Phone No(s)) \_\_\_\_\_

WAS POLICE REPORT FILED \_\_\_\_\_ YES X NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY: \_\_\_\_\_

HAVE YOU RESUMED NORMAL ACTIVITIES? X YES \_\_\_\_\_ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: Bent rim + paint chip, scrape across  
side on the bumper

LIST INSURANCE PROVIDER AND COVERAGE: Allied, liability

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

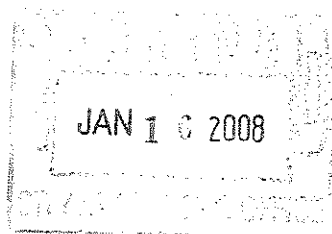
NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

01/10/08  
DATE

John Avey  
CLAIMANT'S SIGNATURE

COUNCIL BLUFFS  
CITY CLERK

2008 JAN 15 P 4:10



# TOM'S AUTO BODY , INC

1216 N. 16th ST, COUNCIL BLUFFS, IA 51501  
(712) 328-7224  
Fax: (712) 325-1813  
Tax ID: FEDERAL ID 421510062

Damage Assessed By: DOUG LANTRY

Deductible: 0.00  
Claim Number: 23516

Owner: DILLARD AVEY  
Address: 40 CRESTWOOD DR, CO BLUFFS, IA 51503  
Telephone: Home Phone: (712) 328-9783

Mitchell Service: 914164

Description: 2001 Mazda 626 LX  
Body Style: 4D Sed Drive Train: 2.0L Inj 4 Cyl 4A  
VIN: 1YVGF22C115209228  
Options: POWER DOOR LOCKS, CRUISE CONTROL, AUTOMATIC TRANSMISSION

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	400022	BDY	REMOVE/INSTALL	FRT BUMPER ASSY			0.5* #
2				LOOSEN FOR PAINT			
3	403130	BDY	REMOVE/INSTALL	R HEADLAMP ASSY			0.4 #
4	400275	BDY	REPAIR	R FENDER PANEL	Existing		1.0* #
5	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.0
6	400432	BDY	REMOVE/REPLACE	WHEEL	9965-G9-5540	107.80	0.3
7	900500	MCH*	ADD'L LABOR OP	MOUNT & BALANCE	Sublet	15.50 *	INC*
8	AUTO	REF	ADD'L OPR	CLEAR COAT			0.8*
9	933003	REF	ADD'L OPR	TINT COLOR			0.5*
10	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		3.00 *	0.2*
11	AUTO		ADD'L COST	PAINT/MATERIALS		99.00 *	
12	AUTO		ADD'L COST	SHOP MATERIALS		5.00 *	
13	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.00 *	

\* - Judgment Item

# - Labor Note Applies

C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 12/05/2007 16:13:18 23516

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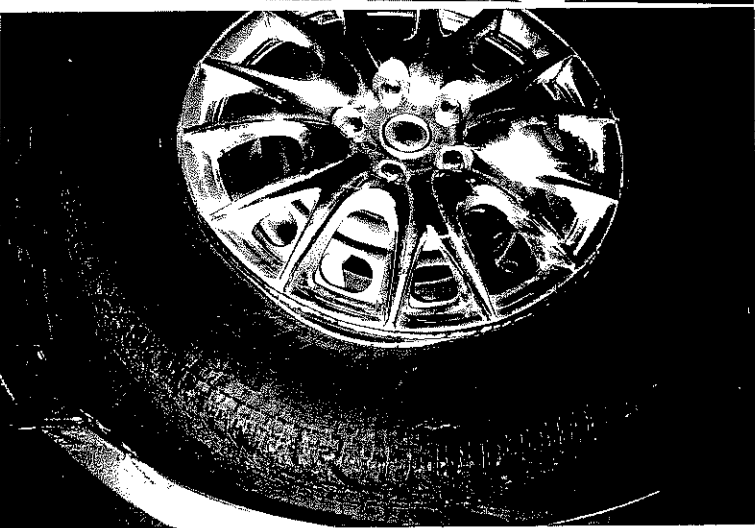
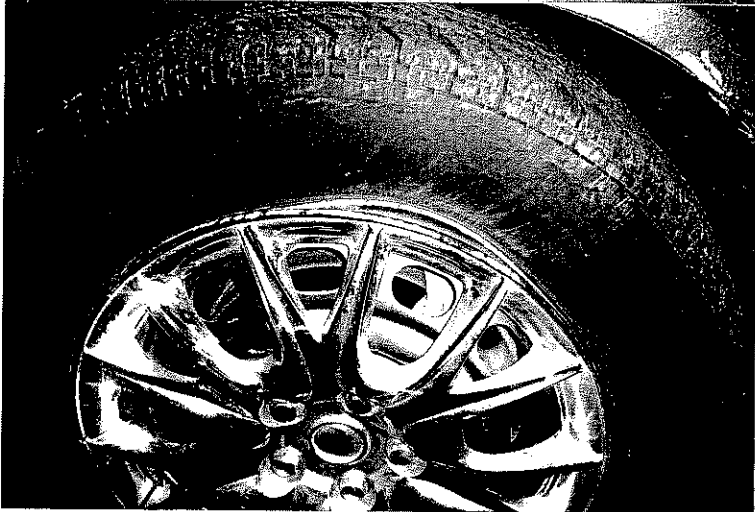
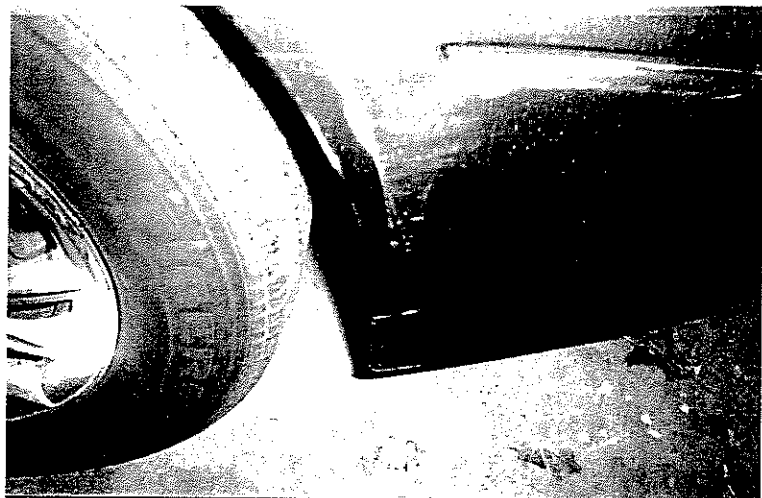
Mitchell Data Version: OCT\_07\_A  
UltraMate Version: 6.0.028

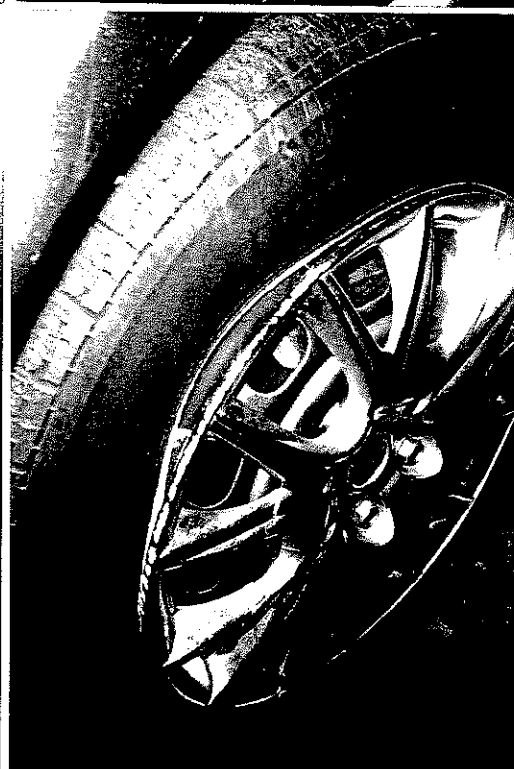
I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	2.2	48.00	0.00	0.00	105.60 T	Taxable Parts			107.80
Refinish	3.5	48.00	3.00	0.00	171.00 T	Sales Tax	@	7.000%	7.55
Mechanical	0.0	67.00	0.00	15.50	15.50 T	Total Replacement Parts Amount			115.35
Taxable Labor					292.10				
Labor Tax					20.45				
@ 7.000 %									
Labor Summary	5.7				312.55				
III. Additional Costs					Amount	IV. Adjustments			
Taxable Costs					8.00	Insurance Deductible			
Sales Tax					0.56				
@ 7.000%						Customer Responsibility			
Non-Taxable Costs					99.00				
Total Additional Costs					107.56				
						I. Total Labor:			312.55
						II. Total Replacement Parts:			115.35
						III. Total Additional Costs:			107.56
						Gross Total:			535.46
						IV. Total Adjustments:			0.00
						Net Total:			535.46

**This is a preliminary estimate.**  
**Additional changes to the estimate may be required for the actual repair.**

No Warranty on rust,rust repair, and rock chips.

SIGNATURE \_\_\_\_\_





RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

## NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: William Masterson DAY PHONE: 712-256-9645  
ADDRESS: 1400 Franklin Ave Apt 136 DOB: 2-21-27 SSN: \_\_\_\_\_  
Council Bluffs, IA 51503  
DATE & TIME OF LOSS/ACCIDENT: 1-14-08 5 PM  
LOCATION OF LOSS/ACCIDENT: Hwy 6 & W Washington St C.B.  
DESCRIPTION OF LOSS/ACCIDENT: See attached police report

(USE BACK OF FORM, IF NECESSARY)  
TOTAL DAMAGES CLAIMED: \$ pends inspection of vehicle & injuries  
WITNESS(ES) (Name(s), Address(es), Phone No(s)): \_\_\_\_\_

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:  
Jennie Ed

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: 1998 Buick LeSabre

LIST INSURANCE PROVIDER AND COVERAGE: State Farm - Ron Klein 1-800-658-3731  
Claim # 15-3406-315 x162

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

1-16-08  
DATE

Ron Klein - State Farm  
CLAIMANT'S SIGNATURE

COUNCIL BLUFFS  
CITY CLERK  
2008 JAN 16 P 1:20

JAN 16 2008



Jan 15 2008 4:50PM COPYCAT#6

7123231442



## Driver Information Exchange Report

Council Bluffs Police Dept  
712-328-4715

UNIT 001	Driver's Name - Last <b>MASTERSON</b>		First <b>WILLIAM</b>		Middle <b>RAYMOND</b>		Suffix		Date of Birth <b>02/21/1927</b>	
	Address <b>1400 FRANKLIN APT 138</b>				City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503-0000</b>	
	Gender <b>Male</b>	Driver's License Number <b>881223398</b>	Class <b>C</b>	State <b>IA</b>	Endorsements <b>NONE</b>	Restrictions <b>BF</b>	Insurance Co. Name <b>STATE FARM MUTUAL</b>		Insurance Co. Phone # <b>(712) 248-4823 x</b>	
	Owner Company Name <b>CITY OF COUNCIL BLUFFS</b>						Insurance Policy # <b>G15 2955-811-18F</b>			
UNIT 002	Owner's Name - Last <b>MASTERSON</b>		First <b>WILLIAM</b>		Middle <b>RAYMOND</b>		Suffix		Date of Birth	
	Address <b>1400 FRANKLIN APT 138</b>				City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503-0000</b>	
	Gender <b>Male</b>	Driver's License Number <b>881223398</b>	Class <b>C</b>	State <b>IA</b>	Endorsements <b>NONE</b>	Restrictions <b>BF</b>	Insurance Co. Name <b>STATE FARM MUTUAL</b>		Insurance Co. Phone # <b>(712) 248-4823 x</b>	
	Owner Company Name <b>CITY OF COUNCIL BLUFFS</b>						Insurance Policy # <b>G15 2955-811-18F</b>			
UNIT 003	Owner's Name - Last <b>STAIRS</b>		First <b>RONALD</b>		Middle <b>LEE</b>		Suffix		Date of Birth <b>10/04/1950</b>	
	Address <b>445 ELLIOTT ST</b>				City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503-0000</b>	
	Gender <b>Female</b>	Driver's License Number <b>613YY1888</b>	Class <b>C</b>	State <b>IA</b>	Endorsements <b>NONE</b>	Restrictions <b>B</b>	Insurance Co. Name <b>ALLSTATE</b>		Insurance Co. Phone # <b>(800) 268-7828 x</b>	
	Owner Company Name <b>CITY OF COUNCIL BLUFFS</b>						Insurance Policy # <b>D 18 906342 08/23</b>			
UNIT 004	Owner's Name - Last <b>STAIRS</b>		First <b>RONALD</b>		Middle <b>LEE</b>		Suffix		Date of Birth <b>10/04/1950</b>	
	Address <b>445 ELLIOTT ST</b>				City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503-0000</b>	
	Gender <b>Female</b>	Driver's License Number <b>613YY1888</b>	Class <b>C</b>	State <b>IA</b>	Endorsements <b>NONE</b>	Restrictions <b>B</b>	Insurance Co. Name <b>ALLSTATE</b>		Insurance Co. Phone # <b>(800) 268-7828 x</b>	
	Owner Company Name <b>CITY OF COUNCIL BLUFFS</b>						Insurance Policy # <b>D 18 906342 08/23</b>			
County <b>Pottawattamie - 78</b>		Accident occurred within corporate limits of (city) <b>Council Bluffs - 1842</b>								
Local Description <b>WASHINGTON AVE and N MAIN ST and SRWB US 0006 / KANEVILLE BLVD</b>										
X-Coordinate <b>00261269</b>					Y-Coordinate <b>04671831</b>					
If accident occurred outside of city limits show general vicinity: <b>"N/A"</b>		Direction <b>"N/A"</b>		Nearest City <b>"N/A"</b>		Route (Cardinal) Travel Direction <b>"N/A"</b>				
On Road, Street, or Highway: <b>"N/A"</b>		At Intersection with: <b>"N/A"</b>								
Distance <b>"N/A"</b>	Direction <b>"N/A"</b>	and	Distance <b>"N/A"</b>	Direction <b>"N/A"</b>	at	Distance <b>"N/A"</b>	Direction <b>"N/A"</b>	at	Distance <b>"N/A"</b>	Direction <b>"N/A"</b>
Definable intersection, bridge, or railroad crossing <b>"N/A"</b>										
Officer <b>HERNANDEZ, MICHAEL S</b>		Badge No. <b>514</b>		Law Enforcement Case Number <b>08001827</b>		Date of Accident <b>01/14/2008</b>		Time of Accident <b>17:01</b>		

Printed At: Council Bluffs Police Dept 01/14/2008 08:01 PM

Page 1

Form #: 08001827

EN INS. FAX - 712-246-4635  
JIM HOLLANDINS - PHON #  
1-712-246-4633Note  
Form



p.4

Jan 15 2008 4:50PM COPYCAT#6

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p.3

U N I T 003	Driver's Name - Last <b>STARRS</b>		First <b>NORMA</b>		Middle <b>JEAN</b>		Suffix		Phone <b>(713) 523-2731 x</b>	
	Address <b>404 ELLIOTT ST</b>		City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503-0800</b>			
	Date of Birth <b>16061960</b>		Driver's License Number <b>613YY1655</b>		Citation Charge Code 1		Citation Charge 1			
	Gender <b>Female</b>		State <b>IA</b>		Class <b>C</b>		Endorsements <b>NONE</b>		Restrictions <b>B</b>	
	Alcohol Test Given? <b>1 - None</b>		Test Result		Drug Test Given? <b>1 - None</b>		Test Result		Citation Charge Code 2	
	Citation Charge Code 3		Citation Charge 3		Citation Charge Code 4		Citation Charge 4			
	Seating Position 01		Injury Status 5		Occupant Protection 2		Airbag Deployment 5		Airbag Switch Status 3	
	Ejection 1		Ejection Path 1		Trapped 1					
	Transported to:		Transported by:							
	Driver's Name - Last <b>STARRS</b>		First <b>RONALD</b>		Middle <b>LEE</b>		Suffix		Driver Company Name	
P E R S O N J U R E D	Address <b>404 ELLIOTT ST</b>		City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip <b>51503</b>			
	Insurance Co. Name <b>ALLSTATE</b>		Insurance Policy # <b>4-10 606362 05/23</b>		License Plate # <b>NORMA</b>		State <b>IA</b>		Year <b>2008</b>	
	VIN No. <b>1G2ZC6601A4100322</b>		Year <b>2008</b>		Make <b>Pontiac</b>		Model <b>POINTE</b>		Style <b>CV</b>	
	Initial Year <b>2</b>		Vehicle Action <b>01</b>		Speed Limit <b>35</b>		Point of Initial Impact <b>06</b>		Most Damaged Area <b>06</b>	
	Extent of Damage <b>2</b>		Undercarriage <b>1</b>		Tow # <b>NO</b>		Approximate Cost to Repair or Replace			
	Total Occupants <b>01</b>		Traffic Control <b>02</b>		Vehicle Config <b>01</b>		Cargo Body Type <b>01</b>		Vehicle Condition <b>01</b>	
	Driver Occupied <b>01</b>		Contributing Circumstances, Driver (up to two)		<b>20</b>					
	SEQUENCE OF EVENTS		First Event <b>21</b>		Second Event		Third Event		Fourth Event	
	Road Hazard Event (by vehicle)		<b>21</b>							
	Commercial Trailer License Plate #		Attached to Power Unit		State		Year		Emergency Vehicle Type <b>1</b>	
Carrier Name		Address		City		State		Zip		
US DOT #		or MC #		Number of Axles		Gross Vehicle Weight Rating		Placard #		
Hazardous Material Released?										
ACCIDENT ENVIRONMENT		Location of First Hazardous Event <b>1</b>		Weather Conditions (up to two) <b>04</b>		Major Contributing Circumstances <b>1</b>		Location <b>1</b>		
Type of Crash/Collision <b>01</b>		Light Conditions <b>1</b>		Surface Conditions <b>1</b>		Type of Roadway/Junction/Facility <b>11</b>		Workzone Related <b>NO</b>		
First Name <b>MASTERSON</b>		First <b>GENEVA</b>		Middle <b>MAE</b>		Suffix		Zip Code <b>51503-0900</b>		
Address <b>1400 FRANKLIN AVE #136</b>		City <b>COUNCIL BLUFFS</b>		State <b>IA</b>		Zip Code <b>51503-0900</b>				
Date of Birth <b>1/3/1934</b>		Sex <b>Female</b>		Unit No. <b>001</b>		Seating Position <b>03</b>		Injury Status <b>4</b>		
Occupant Protection <b>2</b>		Airbag Deployment <b>1</b>		Airbag Switch Status <b>3</b>		Ejection <b>1</b>		Ejection Path <b>1</b>		
Trapped <b>1</b>		Transported to:		Transported by:						
JENNIE EDWARDS		CRFD								
NON-MOTORIST		Type		Location		Action		Condition		
Safety Equipment		Contributing Circumstances		Unit No. of Vehicle Striking						
<p align="center"><b>NARRATIVE</b></p> <p align="center">Describe what happened (refer to vehicles by number)</p> <p>ON 01-14-2008, AT APPROXIMATELY 1701 HOURS, UNITS #1, #2, AND #3 WERE INVOLVED IN A COLLISION AT THE INTERSECTIONS OF US HWY 6, W. WASHINGTON ST., AND MAIN ST. UNITS</p>										

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p. 4

NARRATIVE			
Describe what happened (refer to vehicles by number)			
<p>#1 AND #2 STRUCK EACH OTHER AT THE INTERSECTIONS OF US HWY 6 AND W. WASHINGTON ST. UNIT #1 THEN CONTINUED TO TRAVEL WEST AND STRUCK UNIT #3. THERE WERE MINOR INJURIES CAUSED BY THE ACCIDENT. DRIVER #1 ADVISED THAT HE DOES NOT REMEMBER WHAT HAPPENED. HE ADVISED HE JUST REMEMBERED STRIKING A VEHICLE AND THEN BUMPING INTO SOMETHING. THERE WAS A PASSENGER IN UNIT #1. THE PASSENGER IS LISTED AS PERSON INJURED 001. SHE ADVISED THAT SHE SAW UNIT #2 START TO PULL OUT IN FRONT OF THEIR VEHICLE AND TRIED TO WARN DRIVER #1. SHE ADVISED THAT THE SUN VISOR IN THEIR VEHICLE WAS DOWN. DRIVER #1 THEN ADDED IT WAS DOWN BECAUSE THE SUN GLARE WAS VERY BAD AND IT MADE IT HARD TO SEE.</p> <p>BOTH DRIVER #1 AND PERSON INJURED 001 WERE TRANSPORTED TO JENNIE EDMUNDSON HOSPITAL FOR TREATMENT. DRIVER #1 ADVISED THAT HIS NECK WAS HURTING PRIOR TO THE ACCIDENT AND THAT IT WAS STILL HURTING. HE ADVISED THE PAIN DID NOT INCREASE AFTER THE ACCIDENT. HE ADVISED HE WAS ON THE WAY TO THE DOCTOR FOR THE NECK PAIN, WHEN THE ACCIDENT OCCURED. PERSON INJURED 001 ADVISED HER CHEST HURT AND WANTED TO GET CHECKED OUT TO MAKE SURE THERE WERE NO SERIOUS INJURIES.</p> <p>UNIT #2 WAS TRAVELING SOUTH ON W. WASHINGTON AT KAINESVILLE. DRIVER #2 ADVISED THAT HE HAD A GREEN LIGHT. HE ADVISED THAT HE BEGAN TO PROCEED THROUGH THE INTERSECTION AND WAS STRUCK BY UNIT #1. DRIVER #2 DID COMPLAIN OF HEAD AND SHOULDER PAIN. DRIVER #2 WAS LATER TRANSPORTED TO MERCY HOSPITAL IN A POLICE CRUISER FOR TREATMENT.</p> <p>UNIT #3 WAS TRAVELING EAST ON US HWY 6/KAINESVILLE BLVD. DRIVER #3 ADVISED THAT SHE HAD A GREEN LIGHT. SHE STATED THAT UNIT #1 CAME ACROSS THE ROADWAY AND CLIPPED THE REAR DRIVERS SIDE OF HER VEHICLE. DRIVER #3 WAS NOT INJURED.</p> <p>UNITS #1 AND #2 WERE TOWED DUE TO DISABLING DAMAGE. AT THIS TIME NO CITATIONS HAVE BEEN ISSUED.</p>			
Officer <b>HERNANDEZ MICHAEL S</b>	Badge No. <b>814</b>	Time Ofset Notified of Accident <b>17:31</b>	Time Ofset Arrived At Scene <b>17:35</b>
Name of Agency <b>Council Bluffs Police Dept</b>	Date of Report <b>01/14/2008</b>	Investigation made at scene? Yes	T.I.#
Report Reviewed By <b>LEBER, CHRISTOPHER R</b>	Date Reviewed <b>01/14/2008</b>	Agency Specific	Other Technical Investigation Agency

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

## NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: Adam Graybill DAY PHONE: 712)256-8976  
ADDRESS: 19366 Mudhollow Road DOB: 7/20/80 SS# \_\_\_\_\_  
DATE & TIME OF LOSS/ACCIDENT: December 4, 07  
LOCATION OF LOSS/ACCIDENT: Parking lot of the Mall of The Bluffs  
DESCRIPTION OF LOSS/ACCIDENT: \_\_\_\_\_

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ \_\_\_\_\_

WITNESS(ES) (Name(s), Address(es), Phone No(s)): Cassie Graybill (Driver) 712)256-8976  
19366 Mudhollow Rd  
Steven Frazier 402)453-0399 Omaha

WAS POLICE REPORT FILED ☒ YES ☐ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

JAN 11 2008

HAVE YOU RESUMED NORMAL ACTIVITIES? ☒ YES ☐ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: from being hit on the side the door  
no longer opens and the frame and motor fell  
about six inches the van is no longer in working  
condition

LIST INSURANCE PROVIDER AND COVERAGE: \_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

1-2-07  
DATE  
COUNCIL BLUFFS  
CITY CLERK

Adam Graybill  
CLAIMANT'S SIGNATURE

Date: 12/21/2007 09:32 AM  
Estimate ID: 23560  
Estimate Version: 0  
Preliminary  
Profile ID: Mitchell

# TOM'S AUTO BODY , INC

1216 N. 16th ST, COUNCIL BLUFFS, IA 51501  
(712) 328-7224  
Fax: (712) 325-1813  
Tax ID: FEDERAL ID 421510062

Damage Assessed By: DOUG LANTRY

Deductible: 0.00  
Claim Number: 23560

Insured: ADAM GRAYBILL  
Address: 19366 MUDHOLLOW RD, CO BLUFFS, IA 51503  
Telephone: Home Phone: (402) 714-4342

Mitchell Service: 912492

Description: 1991 Oldsmobile Silhouette  
Body Style: Van 109" WB  
VIN: 1GHCU06D6MT309546

Drive Train: 3.1L Inj 6 Cyl 2WD

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	200150	BDY	REMOVE/REPLACE	R FENDER PANEL	10148712 GM PART	223.71	1.2 #
2	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.3
3	AUTO	REF	REFINISH	R FENDER EDGE			C 0.5
4	200152	BDY	REMOVE/REPLACE	R FENDER SPLASH SHIELD	10210069 GM PART	30.83	INC
5	212540	MCH	REMOVE/REPLACE	R FRT SUSP STEERING KNUCKLE -M	18015471 GM PART	356.98	1.6 #
6	219530	BDY	REMOVE/REPLACE	R STRIPE TAPE FENDER	10148274 GM PART	35.61	0.3 #
7	219550	BDY	REMOVE/REPLACE	R FRT STRIPE TAPE DOOR PANEL	10148278 GM PART	41.32	0.3 #
8	900500	MCH*	ADD'L LABOR OP	ALIGN FRT SUSPENSION	Sublet	59.99 *	INC*
9	224550	BDY	REMOVE/REPLACE	R FRT DOOR SHELL	10286140 GM PART	906.51	4.0 #
10	AUTO	REF	REFINISH	R FRT DOOR OUTSIDE			C 2.3
11	AUTO	REF	REFINISH	R FRT ADD FOR JAMBS & INTERIOR			C 1.0
12	AUTO	REF	ADD'L OPR	CLEAR COAT			1.8*
13	933003	REF	ADD'L OPR	TINT COLOR			0.5*
14	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		3.00 *	0.2*
15	AUTO		ADD'L COST	PAINT/MATERIALS		252.00 *	
16	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		5.00 *	

\* - Judgment Item

# - Labor Note Applies

d - Discontinued by the Manufacturer

C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 12/21/2007 09:32:00 23560

Mitchell Data Version: NOV\_07\_A  
UltraMate Version: 6.0.028

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Page 1 of 2

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	5.8	48.00	0.00	0.00	278.40 T	Taxable Parts			1,594.96
Refinish	8.6	48.00	3.00	0.00	415.80 T	Sales Tax	@ 7.000%		111.65
Mechanical	1.6	67.00	0.00	59.99	167.19 T	Total Replacement Parts Amount			1,706.61
Taxable Labor					861.39				
Labor Tax					60.30				
@ 7.000 %									
Labor Summary	16.0				921.69				
III. Additional Costs					Amount	IV. Adjustments			
Taxable Costs					5.00	Insurance Deductible			
Sales Tax					0.35	Customer Responsibility			
@ 7.000%									
Non-Taxable Costs					252.00				
Total Additional Costs					257.35				
						I. Total Labor:			921.69
						II. Total Replacement Parts:			1,706.61
						III. Total Additional Costs:			257.35
						Gross Total:			2,885.65
						IV. Total Adjustments:			0.00
						Net Total:			2,885.65

**This is a preliminary estimate.**  
**Additional changes to the estimate may be required for the actual repair.**

No Warranty on rust,rust repair, and rock chips.

SIGNATURE \_\_\_\_\_

RETURN TO: CITY OF COUNCIL BLUFFS, IOWA  
ATTN: CITY LEGAL DEPARTMENT  
OR CITY CLERK  
209 PEARL STREET  
COUNCIL BLUFFS, IA 51503

CITY CLAIM NO. \_\_\_\_\_

## NOTICE OF CLAIM/LOSS

NAME OF CLAIMANT: MICHELLE R. SIS DAY PHONE: 712-310-1186

ADDRESS: 1505 23<sup>rd</sup> Avenue DOB: 12-13-1958 SS# [REDACTED]

DATE & TIME OF LOSS/ACCIDENT: Late summer - Oct. 7, 07

LOCATION OF LOSS/ACCIDENT: 1505 23<sup>rd</sup> Avenue; front yard near street

DESCRIPTION OF LOSS/ACCIDENT: Sewage surfacing in the front yard near street; called city to investigate; they claimed the line was clear and that it was my problem and to call

(USE BACK OF FORM, IF NECESSARY)

TOTAL DAMAGES CLAIMED: \$ \_\_\_\_\_

WITNESS(ES) (Name(s), Address(es), Phone No(s.)) Frank from Perfect Plumbing-402-612-338

he will also have names and numbers of the backhoe crew and the City supervisor that was involved

WAS POLICE REPORT FILED ☐ YES ☒ NO

IF MEDICAL ATTENTION WAS REQUIRED, PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE NO. OF TREATING PHYSICIAN AND FACILITY:

N/A

JAN 08 2008

HAVE YOU RESUMED NORMAL ACTIVITIES? ☐ YES ☒ NO

IF YOU INCURRED PROPERTY DAMAGE, PLEASE DESCRIBE AND PROVIDE COPIES OF PHOTOGRAPHS, ESTIMATES, INVOICES, AND ANY

OTHER RELEVANT INFORMATION: payment to Perfect Plumbing for excavations work; damage to lawn

LIST INSURANCE PROVIDER AND COVERAGE: N/A

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IN SUPPORT OF MY CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A FRAUDULENT PRACTICE PUNISHABLE BY FINE OR IMPRISONMENT TO KNOWINGLY MAKE A FALSE CLAIM (SECTION 714.8(3), CODE OF IOWA)

12-31-07  
DATE

Michelle R. S.  
CLAIMANT'S SIGNATURE

**P**erfect: 24-Hour Emergency Service  
(712)256-5911  
**P**lumbing 214 Church St.  
Audubon, IA 50025

Invoice No.

## INVOICE

**Customer**

Name \_\_\_\_\_  
Address 1505 23rd \_\_\_\_\_  
City Council Bluffs State Iowa Zip 51503 \_\_\_\_\_  
Phone \_\_\_\_\_

**Misc**

Order No. 948847  
Rep \_\_\_\_\_

QTY	Description	Unit Price	Total
1.00	Brought Back hoe to the job site to repair sewer line	\$567.20	\$0.00
	Found city man hole with missing cover		\$0.00
	line filled with mud		\$0.00
	Public works told home owner that problem was hers, but it was		\$0.00
	the citys problem		\$0.00
	sub total		\$567.20
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00

Sub Total	\$567.20
Shipping	
Tax	\$39.70
Total	\$606.90

**Payment**

Select One...

Cash or Check 1514  
Credit Card Number \_\_\_\_\_  
Expires \_\_\_\_\_

Please Remit Payment to...

Attn: Frank Bilello  
3635 6th Avenue  
Council Bluffs, Ia 51501

*Handwritten signature*

# NOTICE TO REDEEM FROM TAX SALE

Cert #: 05/0384

Exhibit "A"

TO: ANY AND ALL ENTITIES AND/OR PERSON(S) IN POSSESSION OF THE PARCEL HEREIN DESCRIBED

MAVERICK RESOURCES LLC	Right of Redemption under Iowa Code 447.9
MAVERICK RESOURCES LLC	Right of Redemption under Iowa Code 447.9
KEVIN P MEYER	Right of Redemption under Iowa Code 447.9
PERSON OR PARTIES IN POSSESSION	Right of Redemption under Iowa Code 447.9
CITY CLERK OF COUNCIL BLUFFS	Right of Redemption under Iowa Code 447.9
FIRST COMMUNITY BANK	Right of Redemption under Iowa Code 447.9
County of Pottawattamie	Right of Redemption under Iowa Code 447.9.
State of Iowa, Attorney General	Right of Redemption under Iowa Code 447.9.
State of Iowa, Dir of Revenue and Finance Dept	Right of Redemption under Iowa Code 447.9.
State of Iowa, Dir of Human Services Dept.	Right of Redemption under Iowa Code 447.9.

All of the heirs, spouses, assignees, grantees, legatees, devisees, and successors in interest, both known and unknown, And all claimants, claiming to have any recorded or unrecorded right, title or interest in and to the parcel hereinafter described

YOU ARE HEREBY NOTIFIED that on 6/20/2005 the following described property, situated in Pottawattamie County, Iowa, to wit:

Legal: WEST 14.66' OF LOT 11 AND ALL OF LOT 12 AND THE NORTH 8' OF VACATED ALLEY ADJACENT, BLOCK 13, OMAHA ADDITION TO COUNCIL BLUFFS, POTTAWATTAMIE COUNTY, IOWA Subject to Restrictions and Easements of Record, Now included in and forming a part of the County of Pottawattamie State of Iowa

dist: 000 parcel #: 000035609017822000000 GeoPin #:

was sold at tax sale by the Treasurer of Pottawattamie County for the then delinquent and unpaid taxes and/or special assessments against the property, that a Certificate of Purchase was duly assigned/sold to HF 38 by the County Treasurer of Pottawattamie County, Iowa pursuant to said tax sale, which Certificate is now lawfully held and owned by HF 38 and the right of redemption will expire and a deed for said property will be made unless redemption from said tax sale is made within ninety (90) days from the completed service of this notice.

HF 38

Date: 1/17/2008  
COUNCIL BLUFFS  
CITY CLERK  
2008 JAN 21 A 10:20

*Tristan Frank*  
Tristan Frank as duly authorized Agent for HF 38

9E



Find Property Res Sales Com DOVs

7544 34 185 001

000 035 609 017822 000 000

--- Permanent Property Address ---

----- Mailing Address -----

MAVERICK RESOURCES LLC

MAVERICK RESOURCES LLC

2837 6TH AVE

736 N 163RD AVE

COUNCIL BLUFFS

OMAHA NE 68118

## Assr Info:

District: 000 Urban Renewal: Tax Sale: 05/0384 Current Gross Tax: 1780.77

## BILLING SUMMARY

more	Taxable			----- First -----	----- Second -----	
Year Dist	Value	Tax Due	Charges	Payment	Posted	Balance
2004 000	38851.00	1652.00	24.00	826.00	10/31/2005	0.00
2005 000	41728.00	1790.00	26.00	895.00	10/31/2006	0.00
2006 000	41332.00	1780.00	13.00	890.00	10/16/2007	890.00
2007 P071023	77.00	77.00	5.00	82.00	02/27/2007	0.00

## LEGAL DESCRIPTION

OMAHA ADD LT 12 W142/3 FT LT 11 BLK 13 &amp; N8 FT VAC ALLEY

## ASSESSED VALUE

land: \$	dwelling: \$	building: \$	total: \$	year/class:
\$10152	\$70848	\$0	\$81000	2004/R 1
\$11370	\$79350	\$0	\$90720	2005/R 1
\$11370	\$79350	\$0	\$90720	2006/R 1
\$12280	\$85698	\$0	\$97978	2007/R 1

## OWNERS

1 D MAVERICK RESOURCES LLC book/page: 104/24846 D H/S eligible:

## EXEMPTIONS &amp; CREDITS

## ASSESSMENT DATA

PDF: 04 MAP: 17 PLAT: 253 RES BLDGS: 1 COM BLDGS: 0 AG BLDGS: 0 YARD EXTRAS: 1

Sale Date	Amount	Code	Book/Page
04/27/2004	89000	D019	104/24846
04/12/2004	0	D017	104/22879
03/22/1996	58000	D000	096/27811
03/15/1993	45000	D000	093/26194

Entry: Inspected Date Inspected: 1/2/2004 List/Review: TB/TB

LAND.....6528 sqFt .15 acres

Lot 1: Frontage	Rear	Side-1	Side-2	Rear-Lot	D-Factor	EFF
48	48	136	136		.99	47

Residence 1 of 1 -- Single-Family/Owner Occupied

BUILDING.....1 Story Frame 4/2 Rooms Above/Below 2/0 Bedrooms Above/Below 720 SF Base AC

Built:1951 EX Bsmt: Full Bsmt Finish: 450 SF Attic Finish: None

FINISH.....Foundation: C Blk Exterior: Alum Roof: Asph/Gable

Interior: Drwl Flooring: Carp/Vinyl

ADDITIONS....Addition 1: 80 SF 1 Story Frame Built: 1975 AC Bsmt SF: 0

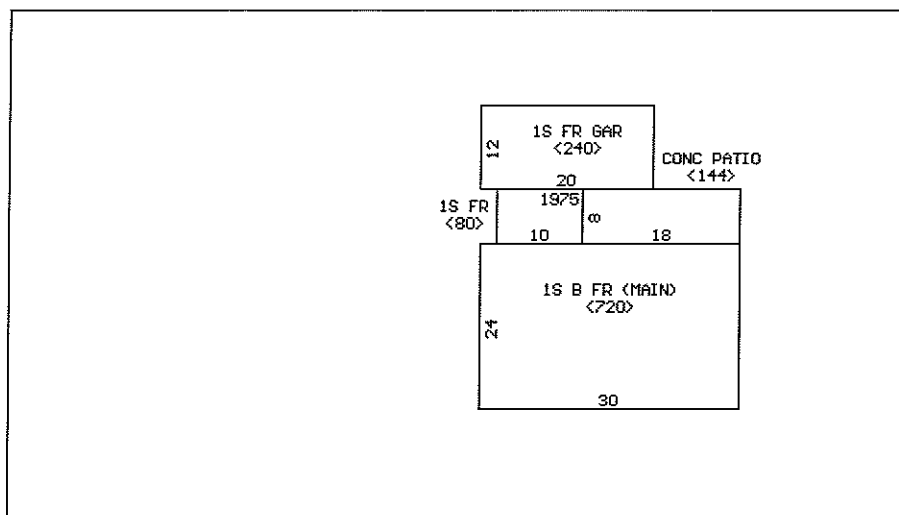
PLUMBING.....1 Full Bath

DECK/PATIOS..144 SF Concrete Patio-Low

GARAGES(1)...1 Attached

Garage 1: 240 SF Att Frame Built: 1951

YARD EXTRAS..FR SHED 10 X 10 100 Square Feet



000035609017822000000a 01/01/1996



2837 6TH AVE, MAVERICK RESOURCES LLC, 000035609017822000000a 01/01/1996



2837 6TH AVE, MAVERICK RESOURCES LLC, 000035609017822000000a 12/29/2003

[Zoom Out](#)   [Zoom In](#)



600ft x 600ft

Click any parcel to go to its web page  
See more [maps](#) from the [County GIS Map Department](#)

As of: On Web

Get Card

[Find Property](#) [Res Sales](#) [Com DOVs](#)

***City of Council Bluffs***  
***2008***  
***License Application***  
***for***  
***RUBBLE DUMP***  
***(Fee: \$500.00)***

**Date:** December 27, 2007

**Name of Applicant:** Oak Ridge Company of C.B., IA

**Name of Person Applying for License:** Greg Negus

**Address of Applicant:** 1900 River Road Council Bluffs, IA 51501

**Phone Number of Applicant:** 322-9123

**Name of Design or Consulting Engineer:** HGM Associates

**Address of Engineer:** P O Box 919 Council Bluffs, IA 51502-0919

**Phone Number of Engineer:** 323-0530

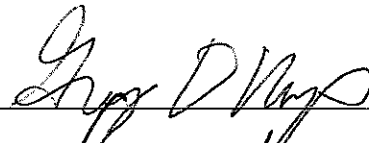
**(Items below may be submitted as an attachment provided all are answered.)**

1. **Legal description of proposed fill are:** See Attached
2. **Common address or location of site:** 1900 River Road Council Bluffs, IA
3. **Description of operation sequence and plan. Type of materials to be placed and the ultimate use of the site:** Dump debris filling to the North concrete, dirt & asphalt
4. **Type and capacity of equipment to be utilized for and during rubble fill operations:** D6 Dozer, D8 Dozer or 977 Loader

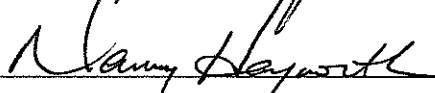
9F

5. Existing and proposed roadways, easements and utilities:  
Future street & utility corridor along levee
6. Existing topography and watercourses, together with a diagram and written statement explaining the proposed location and extent of earth work and fill operations including final evaluations: (Attachment is appropriate.)
7. See attached plan  
Proposed measures to control storm drainage:  
Berms & ditching
8. Estimated volume to be placed in the fill area: 50,000 cy
9. Hours and days of the week rubble fill will be in operation and open to the public: Monday - Friday 8:00 am - 4:30 pm
10. Cover material. Please describe the work area from which weekly cover material will be stockpiled/removed: 200 x 300 on NE portion of site
11. Names and address of the last known owners of property within five hundred (500) feet of location of anticipated rubble fill operation, as shown by County realty property tax records: Ameristar Casino 2200 River Road Council Bluffs, IA  
IDOT 800 Lincoln Way Ames, IA 50010
12. Addresses of all occupied building on property within five hundred (500) feet of anticipated rubble fill operations: None
13. Type of visual barriers, if any, to screen operations of rubble fill:  
Trees & proposed screening berm on East side, RR berm on N, proposed screening
14. A surety bond of five thousand dollars (\$5,000.00) per acre of portion thereof berm on West used during the course of a year. On File
15. Name of firm to provide bond: Holmes Murphy & Associates

Signed:



Witness:



Date:

12/27/07

**RECEIPT**  
**CITY OF COUNCIL BLUFFS**  
Office of City Clerk

**Date Paid:** 12/28/2007  
**Receipt No:** 20781  
**Received from:** Oak Ridge Company  
**Amount:** \$500.00  
**Item:** Lic-Salvage/Storage/Rubble Dump  
**Payment Type:** Check  
**Check No:** 003787  
**Begin Date:** 1/1/2008  
**Expiration Date:** 12/31/2008  
**Issued by:** Judie  
**Comments:** License renewal application for rubble dump l

# 2008 Storage Yard License Application

Business Name: A-1 LIFT Date: 12-23-07

Business Address: 1100 AVE C Phone: 402-681-1223

Owners Name: CHARLES KJELDOGAARD Address: 819 AVE C Phone: SAME

Type of Business: ☒ Firm  
☐ Partnership  
☐ Corporation

If Corporation, List Officers: \_\_\_\_\_

**Note:** If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: BEERS ADD. LT 1 BLK 1

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): \_\_\_\_\_

60x96 5700 sqft

What Is Zoning At This Location? LIGHT INDUSTRIAL

Has Conditional Use Been Granted Under City Ordinance? Yes ☒ No ☐ Not Applicable

If Yes, Give Date: \_\_\_\_\_ If No, Give Date For Zoning Board Of Adjustment Consideration: \_\_\_\_\_

I, [Signature], Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Signature Of Applicant

**(Fee must accompany application)** 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00  
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: \_\_\_\_\_

Recommendation To Council Pertaining To Issuance Of License: \_\_\_\_\_

COUNCIL BLUFFS  
CITY CLERK  
2008 JAN -8 A 9:30

Donn Dierks, Public Health Director

\_\_\_\_\_  
Approve  
Deny

\_\_\_\_\_  
Approve  
Deny

96

**RECEIPT**  
**CITY OF COUNCIL BLUFFS**  
Office of City Clerk

**Date Paid:** 1/8/2008  
**Receipt No:** 20787  
**Received from:** A-1 Lift  
**Amount:** \$100.00  
**Item:** Lic-Salvage/Storage/Rubble Dump  
**Payment Type:** Check  
**Check No:** 3282  
**Begin Date:** 1/1/2008  
**Expiration Date:** 12/31/2008  
**Issued by:** Judie  
**Comments:** Charles Kjeldgaard 819 Avenue D Council Bluffs 51503



## 2008 Storage Yard License Application

Business Name: Bluffs Financial, Inc. Date: 01-05-08  
Bluffs Check Cashing, Pawn & Loan  
Business Address: 501 W.S. Omaha Bridge Road Phone: 366-3811  
Council Bluffs, IA 51501  
Owners Name: RON EARLY JR (712) 366-3811 Address: 15519 BOBBY LANE Phone: 322-4899  
Type of Business: ☐ Firm If Corporation, List Officers: \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Corporation \_\_\_\_\_

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: JACOBS SUB - LOT 3

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): 5000.

What Is Zoning At This Location? Comm.

Has Conditional Use Been Granted Under City Ordinance? ☐ Yes ☐ No ☒ Not Applicable

If Yes, Give Date: \_\_\_\_\_ If No, Give Date For Zoning Board Of Adjustment Consideration: \_\_\_\_\_  
I, R. Early Jr, Do Hereby Affirm That All Of The Above Information  
Is True And Correct To The Best Of My Knowledge.

R. Early Jr Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00  
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: \_\_\_\_\_

Recommendation To Council Pertaining To Issuance Of License: \_\_\_\_\_

Donn Dierks, Public Health Director

\_\_\_\_\_  
Approve  
Deny

\_\_\_\_\_  
Approve  
Deny

**RECEIPT**  
**CITY OF COUNCIL BLUFFS**  
Office of City Clerk

**Date Paid:** 1/8/2008  
**Receipt No:** 20792  
**Received from:** *Bluffs Financial*  
**Amount:** \$50.00  
**Item:** *Lic-Salvage/Storage/Rubble Dump*  
**Payment Type:** *Check*  
**Check No:** 8840  
**Begin Date:** 1/1/2008  
**Expiration Date:** 12/31/2008  
**Issued by:** *Judie*  
**Comments:** *Bluffs Check Cashing Pawn & Loan for storage yard  
license 501 W.S. Omaha Bridge Road 51501*

## 2008 Storage Yard License Application

Business Name: Tom's Auto Body Inc Date: 12-19-07

Business Address: 1216 N 16th Street Phone: 328-7224

Owners Name: Lowell/Anna Lantry Address: P.O. Box 194 Phone: 487-3953

Type of Business: ☐ Firm  
☐ Partnership  
☒ Corporation

TREYNOR, Ia, 51575  
If Corporation, List Officers:  
Lowell Lantry  
Anna Lantry

**Note:** If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: Belmont addition 174, 175, 194, 195, 196 + 197

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings):

Building 5800 sq ft Land 32,400 sq ft

What Is Zoning At This Location? C-2

Has Conditional Use Been Granted Under City Ordinance? ☐ Yes ☐ No ☒ Not Applicable

If Yes, Give Date: \_\_\_\_\_ If No, Give Date For Zoning Board Of Adjustment Consideration: \_\_\_\_\_

I, Lowell D. Lantry, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Lowell D. Lantry Signature Of Applicant

**(Fee must accompany application)** 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00  
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: \_\_\_\_\_

Recommendation For Council Pertaining To Issuance Of License: \_\_\_\_\_

COUNCIL BLUFFS  
CITY CLERK  
2008 JAN - 8 A 9:36

Donn Dierks, Public Health Director

\_\_\_\_\_  
Approve  
Deny

\_\_\_\_\_  
Approve  
Deny

**RECEIPT**  
**CITY OF COUNCIL BLUFFS**  
**Office of City Clerk**

**Date Paid:** 1/8/2008  
**Receipt No:** 20788  
**Received from:** *Tom's Auto Body Inc*  
**Amount:** \$200.00  
**Item:** *Lic-Salvage/Storage/Rubble Dump*  
**Payment Type:** *Check*  
**Check No:** 6512  
**Begin Date:** 1/1/2008  
**Expiration Date:** 12/31/2008  
**Issued by:** *Judie*  
**Comments:** *Tom's Auto Body 1216 N. 16th Street Council Bluffs  
51501*

# 2008 Storage Yard License Application

Business Name: Your Way Construction Date: 12-23-07  
Business Address: 1003 S. 13th St. CBIA 51501 Phone: 712 256 1197  
Owners Name: Ron Handsaker Address: 1003 S. 13th St. CBIA 51501 Phone: 402 616 4492  
Type of Business: ☐ Firm ☐ Partnership ☐ Corporation  
If Corporation, List Officers: \_\_\_\_\_

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.

Legal Description Of The Property: Lot 10 Block 13 1/2 Alley  
Lot 11 Block 13 1/2 Alley  
11,700

Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings):  
11,700 (2) - 5850 + 5850

What Is Zoning At This Location? Comm

Has Conditional Use Been Granted Under City Ordinance? ☐ Yes ☐ No ☒ Not Applicable

If Yes, Give Date: \_\_\_\_\_ If No, Give Date For Zoning Board Of Adjustment Consideration: \_\_\_\_\_

I, Ron Handsaker, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge.

Ron Handsaker Signature Of Applicant

(Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00  
20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee

Consolidated Comments Of Fire, Zoning, Building and Health Officials: \_\_\_\_\_

Recommendation To Council Pertaining To Issuance Of License: \_\_\_\_\_

Donn Dierks, Public Health Director

\_\_\_\_\_  
Approve  
Deny

\_\_\_\_\_  
Approve  
Deny

**RECEIPT**  
**CITY OF COUNCIL BLUFFS**  
**Office of City Clerk**

**Date Paid:** 1/8/2008  
**Receipt No:** 20789  
**Received from:** *Your Way Construction*  
**Amount:** \$150.00  
**Item:** *Lic-Salvage/Storage/Rubble Dump*  
**Payment Type:** *Check*  
**Check No:** 3339  
**Begin Date:** 1/1/2008  
**Expiration Date:** 12/31/2008  
**Issued by:** *Judie*  
**Comments:** *Your Way Construction Ron Handsaker 1003 S. 13th  
Street Council Bluffs 51501*